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ABSTRACT

The 1990 Report of the Task Force on School Health examines the current status of Maryland's school health programs and proposes 16 recommendations designed to implement a comprehensive school health (CSH) program to meet the needs of all students. The report describes the Task Force, which was appointed in 1989. After presenting a background on school health, it discusses the status of school health in Maryland, focusing on health services, health education, and healthy environments. Health education is not a state requirement for graduation, and only four health education programs are mandated by state law. The report identifies several barriers to initiating comprehensive school health (CSH) programs, the most complex being the lack of statewide standards for school health. The Task Force strongly recommends that the Department of Health and Mental Hygiene and Maryland State Department of Education jointly adopt an updated version of the Standards for Maryland's Public School Health Services, as required by Article 77, Section 7-401 of the Code of Maryland. The report includes an action plan and several appendices, which provide relevant sections from Maryland State laws. (SM)

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TASK FORCE ON SCHOOL HEALTH

JANUARY, 1990

William Donald Schaefer
Governor

Adele Wilzack, R.N., M.S.
Secretary
Department of Health and Mental Hygiene

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January, 1990

The Honorable Adele Wilzack, R.N., M.S.
Secretary
Maryland Department of Health & Mental Hygiene
201 W. Preston Street, 5th floor
Baltimore, Maryland 21201

Dear Secretary Wilzack:

As Chairperson of the Task Force on School Health Services, I am pleased to forward the Task Force Report. The Task Force, through research and discussion, has explored the current status of Maryland's school health program and has proposed recommendations that we believe will achieve the goal of implementing a comprehensive school health program to meet the needs of today's and tomorrow's students. The Task Force recognizes that increasing needs and limited fiscal resources will mean that a comprehensive school health program must of necessity be accomplished over a period of time. We hope that this report will provide the framework for short and long-term planning.

It has been my privilege in chairing the Task Force to work with a group of very dedicated and able individuals. On their behalf I would like to express our appreciation for this opportunity to serve the children in Maryland's public school system.

Sincerely,

Marilyn Goldwater

Marilyn Goldwater, R.N.
Director
Office of Federal Relations

MG:ah

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REPORT OF THE TASK FORCE ON SCHOOL HEALTH

JANUARY, 1990

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FOREWORD

It is with great pleasure that I present the final report of Secretary Wilzack's Task Force on School Health Services in Maryland. As Chairperson of the Task Force, I have been repeatedly gratified by the enthusiasm, dedication, and expertise of all the individuals who have contributed to the work of the Task Force. This report, therefore, represents not only the work of the Task Force members themselves and the Task Force staff, but the work of many Marylanders who have shared their views and expertise by attending meetings and participating in the discussion.

The creation of this Task Force provided us with the unique opportunity to review the status of school health in Maryland and to make recommendations for improving the comprehensive school health program for all our students. We were able to construct an accurate picture of school health in Maryland with representation from the public and private sectors.

Several issues were identified as barriers to the initiation of a comprehensive school health program. The one barrier which absorbed much of the Task Force's time was the lack of statewide standards for school health. A major portion of our time and efforts was spent reviewing, revising, and updating the Standards for Maryland's Public School Health Services. The Task Force strongly recommends that the Department of Health & Mental Hygiene and Maryland State Department of Education jointly adopt the Standards as required by Article 77, Section 7-401 of the Code of Maryland. The adoption of these Standards will lay the foundation for gradually achieving the goal of a comprehensive school health program.

Many individuals and groups gave their time and expertise to the work of this Task Force. We appreciate the commitment that members of the Task Force demonstrated throughout our meetings.

The Task Force report represents the completion of its work. It is the first step in providing an adequate and consistent comprehensive school health program for the school aged children in Maryland. We have initiated an ambitious Action Plan. There is a long road to travel before we reach the goals recommended in this Report. However, I am confident that the same good will and effort that brought us to this point will continue and result in benefits to our school aged children and the State of Maryland.

Marilyn Goldwater, R.N.
Chairperson
Task Force on School Health Services
January, 1990

SECRETARY WILZACK'S TASK FORCE ON
SCHOOL HEALTH SERVICES

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TASK FORCE ON SCHOOL HEALTH
MANDATE, PURPOSE, AND PROCEEDINGS

ORIGIN OF THE TASK FORCE

In June of 1989, a Task Force on School Health was established by Secretary Wilzack (Appendix A). The Task Force was developed due to the increase in the number and severity of school health problems. These problems are in part a result of the absence of statewide regulations for school health and the lack of standardization of services. Other problems identified in school health include the number and complexity of medically fragile children, the lack of appropriate staff, and the continued increase of children at risk.

CHARGE OF THE TASK FORCE

Secretary Wilzack charged the Task force with assisting students to lead health and more productive lives by addressing the following issues:

- The status of school health services in Maryland
- The goals needed to improve and expand on the school health program
- The role of the school nurse

COMPOSITION OF THE TASK FORCE

The Task Force, chaired by Marilyn Goldwater, included representatives from state and local health and education agencies, physicians, parents, students, advocacy groups, and two legislators. The first meeting of the task force was held in June 1989 and met monthly at various sites throughout the state in order to receive comments from interested parties. Funding for the Task Force was provided by the Maryland State School Health Council.

PROCEEDINGS OF THE TASK FORCE

The Task Force identified three major components of a comprehensive school health program: health services, health education, and healthy environment. Three subcommittees were appointed to address each of the areas. Their assignment was to define the problem areas/barriers, propose solutions, explore the role of the school nurse, and identify the parties responsible for action, especially those in the local community. When the subcommittees' work was completed, their recommendations were reported to the full Task Force for final action.

RESOURCE DATA

Prior to beginning its work, the Task Force was provided with a resource data base which included: Status of School Health in Maryland (March 1989), Journal of School Health (December 1987) "The Comprehensive School Health Program: Exploring an Expanded Concept," Maryland's laws related to school health, Pupil Services Bylaw, the proposed Maryland State Department of Education's Health Education Curricular Framework, the School Nursing Framework, state school health guidelines, the proposed School Health Standards, Joint Working Paper Public School Health by the Eastern Shore Consortium, and the Maryland Board of Nursing's Role and Responsibilities of the School Nurse and the Child with Special Health Care Needs. The Task Force also invited other experts in the school health field to participate in their discussions.

PUBLIC PARTICIPATION

Task Force meetings were open to the public. Announcements of the meeting dates and locations were made through media releases to state and local newspapers and were published in the Legislature's Notice of Scheduled Public Committee Meetings.

Letters of invitation were also sent to local health departments and local education agencies.

NATIONAL PERSPECTIVE ON SCHOOL HEALTH

The state of Maryland is not alone in recognizing the connection between healthy students and the ability to learn. In 1981, Michael McGinnis, M.D., Director, United States Office of Disease Prevention and Health Promotion, United States Department of Health and Human Services, noted:

> What is clear is that education and health for children are inextricable intertwined. A student who is not healthy, who suffers from an undetected vision or hearing defect, or who is hungry, or who is impaired by drugs and alcohol, is not a student who will profit from the educational process. Likewise, an individual who has not been provided assistance in the shaping of healthy attitudes, beliefs, and habits early in life, will be more likely to suffer the consequences of reduced productivity in later years (American Journal of School Health, December 1987).

At this time school health issues were housed in the U.S. Office of Disease Prevention under Dr. McGinnis. In addition, with the increased recognition of the importance of school health, the Centers for Disease Control created the Office of Adolescent and School Health in 1987 under the direction of Dr. Lloyd Kolbe.

The establishment of this office finally achieved what the national school health organizations had been lobbying for - an office devoted strictly to addressing the unique and vital health concerns of our school-aged population. In addition to lobbying for the establishment of this office, the national school health organizations have been instrumental in developing standards, guidelines, an information data base for a comprehensive school health format, standards of practice for school nurses, and recommendations for school nurse to student ratio.

This recognition of the importance of school health by national organizations and federal agencies is evidence of a progressive trend in the school health arena. Through the creation of the School Health Task Force, Maryland moves forward in recognizing the rapid changes in the field of school health.

BACKGROUND OF SCHOOL HEALTH

Maryland, along with other states and federal agencies, recognizes the changing problems related to the provision of a comprehensive school health program. The underlying purpose of any school health program is to ensure that students are healthy so that they may learn. While historically school health services focused on the control of communicable diseases, new health problems are rapidly being identified. The teen pregnancy rate has increased, more students are abusing drugs and alcohol, the number of students entering our schools who are medically fragile or technology dependent is on the rise. The number of students who are at-risk for these and other health problems is increasing. These changing health problems are reflected in the following statistics.

- o 60.2% of twelfth graders reported use of alcohol (Maryland Drug and Alcohol Survey 1989)
- o 46,000 students ages five to thirteen suffer from allergies and asthma (American Lung Association, Maryland Affiliate)
- o eleven youth ages five to twenty-four committed suicide in 1987 (Maryland State Department of Health and Mental Hygiene)
- o 1,775,108 medications were administered (Status of School Health in Maryland 1989)
- o twelve years of age is the average for first experimentation with tobacco products (Maryland Drug and alcohol Survey 1989)
- o 23,000 case of child abuse, neglect, and sexual abuse were reported in 1988 (Department of Human Resources, Social Services Administration, Child Protective Services).
- o 3,795 school-aged children are homeless (A Tracking System for Homeless Children in Maryland, Maryland State Department of Education, 1988-89).
- o 97,298 children age 6-20 are currently enrolled in Maryland's Medical Assistance Program (DHMH 1989)

The increase in health problems and the growth of the numbers of at-risk children surpass the resources available at the local school level. Additionally, many school-aged children live in poverty without health insurance or access to health services. Failure of the community to address these issues may result in the students' inabilities to actively participate and benefit from their educational program. This frequently results in students not completing school. In 1988-89, Maryland's drop-out rate was 4.9%. These school drop-outs have fewer job opportunities. If employed these school drop-outs are in jobs that are unskilled, low paying, and which usually have no health insurance benefits. The burden then falls to the community to deal with the needs of unhealthy adults who have poor access to the health care system.

Additionally the passage of U.S. Public Law 94-142 in 1974 and more recently the passage of PL 99-457 has lead to significant changes in school health programs nationwide. These laws mandate that children with health problems and special education needs be mainstreamed into the least restrictive environment and that school systems be prepared to provide necessary services required throughout the school day.

The journal, Pediatric Clinics of North America (no.31), indicates that children with chronic health problems comprise 10% to 15% of the population of children and youth from birth to eighteen years. Furthermore, about one to two per cent of the total population have a severe chronic illness that affects their daily functioning.

The following is a composite account of an approximate number of children in Maryland who require special health care procedures.

Setting	Number of Children	Number of Children with Technology
elementary	10	5
secondary	4	1
level 5	20	12
preschool (special education)	35	21
infant program	40	25
home & hospital	35	15
no school program	10	1

The increasing number of these medically fragile children places a further degree of responsibility on school systems to address their needs. Inadequate numbers of school nurses complicates efforts to deliver services and ensure that the students are properly and safely cared for during the school day.

STATUS OF SCHOOL HEALTH IN MARYLAND

Article 77 Section 7-401 (Appendix B) of the Annotated Code of Maryland states: "(b)....The Department of Education and the Department of Health and Mental Hygiene jointly shall:

(1) develop public standards and guidelines for school health programs; and

(2) offer assistance to the county boards and county health departments in their implementation."

In 1977 a Task Force appointed by State Superintendent Hornbeck and Secretary Buck proposed standards only for health services. These standards were never adopted. Adoption of the standards would assist local education agencies and local health departments to develop and provide necessary school health services. The standards provide the criteria for delivery of school health services. The passage of the Pupil Services Bylaw makes the standards necessary in assisting the local education agencies meet the health services goals and subgoals.

HEALTH SERVICES

The 1987 survey conducted by the Maryland State Department of Education and the Department of Health and Mental Hygiene further serves to demonstrate a pattern of inconsistencies among jurisdictions in providing a comprehensive school health program for the 644,947 students in Maryland's public schools.

Staffing Patterns

- Three jurisdictions have no staff assigned to school health
- Eight jurisdictions have five or less staff assigned to school health
- Only one jurisdiction has one designated school health professional assigned to each school.

Ratio of School Nurse to Student

Ratios recommended by the American School Health Association, National Association of School Nurses, and the American Nurses Association are:

- one nurse: 750 students
- one nurse: 225 special education students
- one nurse: 125 severely handicapped students

In Maryland the ratio range is from one nurse to every 1,663 students to one nurse to every 812 students.

Supervision and Funding

In eleven jurisdictions supervision and funding of school health personnel is solely the responsibility of the local health department. In five jurisdictions, the local education agency has full responsibility. In six jurisdictions, the responsibility of school health personnel is shared by education and health.

STUDENT SERVICES

The survey results indicated the following data for school year 1986-87.

- Number of health room visits ranged from 270,708 to 3,437 with the average being 71,740.
- 1,775,108 medication were given.
- 44,045 medical treatments were administered.

Major School Health Problems Identified

Even though Maryland is diverse in its geography and populations, the school problems identified by both health and education were parallel. The most often cited problems were: staffing, at risk students, and the needs of the medically fragile student.

Utilization of the Standards Proposed in 1978

Utilization varied greatly from jurisdiction to jurisdiction. The following facts are discernible:

- Screenings of students for hearing and vision decreased by 1%
- Review of immunization status showed a 6.9% decrease
- Scoliosis screening decreased by 6%.
- Screening required by Special Education Bylaw 13A.05.01, (Appendix C) decreased by 18.9%
- Health appraisal of the general school population decreased by 37%.
- Identification, referral, and follow-up of students with identified health needs increased by 6%.
- Collaboration between local health and education agencies increased by 26%.
- Provision of school health services to the special needs population decreased by 6%.
- Emergency care procedures decreased by 5% with individual emergency care decreasing by 17%.

HEALTH EDUCATION

Health Education is a process designed to help the individual achieve optimal health. The following facts reflect the status of health education in Maryland's public schools.

- Health education is not a state requirement for graduation.
- Only eight jurisdictions have health education as a graduation requirement.
- Only four health education programs are mandated by state law.
  - AIDS Prevention Education
    COMAR 13A.04.15 (Appendix D)
  - Drug Education Program 7-409 (Appendix E)
  - Alcohol Abuse Program 7-411 (Appendix F)
  - Family Life and Human Development
    COMAR 13A.04.01 (Appendix G)
- Not every jurisdiction requires that health education be taught by a health educator.

HEALTHY ENVIRONMENT

During the 1980's, the number of school health environmental issues has increased and is accompanied by a multitude of federal, state, and local requisites for local school systems. Currently in Maryland the following areas have been regulated.

- Lead
- Asbestos-Structural Quality
- Water Management
- Lighting
- Indoor Air Quality.Energy Conservation
- Pollution (Air, Water, and Noise)
- Chemical and Biological Substance
- Infectious and Communicable Diseases
- Radiation and Radon
- Underground Storage Tanks
- PCB's/Carcinogenics
- Playground Safety

The areas of expertise and compliance required by these environmental regulations, standards, and guidelines are challenging the resources of all local health departments and education agencies.

FINDINGS OF THE TASK FORCE

The findings of the Task Force are based on the recommendations of the three subcommittees. The recommendations were based on review of the provided resource data, additional information contributed by members of the subcommittees, and utilization of the expertise of the subcommittee members. Each subcommittee designed their recommendations in an action plan format. After review and discussion by the Task Force, the following findings were developed.

HEALTH SERVICES SUBCOMMITTEE BARRIERS

The School Health Services Subcommittee recognized at the beginning of their discussions that school health services were not accessible, adequate or consistent for all students throughout our state. The barriers identified by the subcommittee to the provision of adequate and consistent school health services were:

- Lack of the adoption of the School Health Standards for Maryland Public Schools
- No line item in state budgets for school health services
- Inconsistency in staffing for health services
- Absence of the definition of the role of the school nurse
- Inadequate funding for continuing education for school nurses

Given the short time frame for the task force, it was unrealistic to address all barriers in detail. The strong commitment of the subcommittee for adoption of the school health standards led the subcommittee to focus on this barrier as their primary charge.

Solutions

The School Health Standards for the Public Schools of Maryland were developed in 1978 but not adopted. These standards needed to be carefully reviewed to ensure that they reflect the current standards of practice and changing needs in school health. Consideration was also given to the changes in the health problems of Maryland's school-aged youth, such as, the increased number of medically fragile children, an increase in numbers of at-risk students and the changing make-up of the family.

The subcommittee discussed the importance of including recommendations that addressed the other barriers to school health services identified.

Legislation

The following laws are currently the only ones that address school health.

- School Health Program - Section 7-401, Annotated Code of Maryland (Appendix B)
- Immunizations - Section 7-402, Annotated Code of Maryland (Appendix I)

- Hearing and Vision Screening Tests - Section 7-403, Annotated Code of Maryland (Appendix J)
- Scoliosis - Section 7-403.1, Annotated Code of Maryland (Appendix K)

Standards for school health services have been developed but have not been adopted. These proposed standards have been utilized by some jurisdictions as a basis for the implementation of school health services.

Responsible Parties

The Maryland State Department of Education and the Department of Health and Mental Hygiene share the responsibility for ensuring that school-aged children in Maryland have adequate school health services.

Role of the School Nurse

The school nurse, as the coordinator of the school health program, develops a school health plan. This plan includes:

- Assessment of the health needs of the school's population
- Strategies for implementing the plan
- Follow-up
- Evaluation
- Interagency and intraschool collaboration

HEALTH EDUCATION SUBCOMMITTEE

In its discussion the Health Education Subcommittee identified health education as an important part of any comprehensive school health program. In most instances health education is defined as the structured delivery of curriculum that occurs within the classroom. The subcommittee concluded that not only would it address health education in its traditional sense but would explore its role throughout the school health program.

The Health Education Subcommittee approached its charge by dividing health education into formal and informal categories. The following matrix depicts the areas that were identified under the two categories.

Health Education

Formal	Informal
o K - 12 Health Education Instruction	o Health Promotion/ Wellness o Staff Development o Parents/Community o Individualized Instruction o Physical Education

The formal kindergarten to twelfth grade Health Education Instruction refers to what is traditionally defined as the learning which occurs within a structured classroom setting. The instruction follows a local curriculum guide which is based on the state's Health Education Curricular Framework. The informal health education includes: staff development which provides information and skill development for school staff; health education for parents and community which focus on the efforts by the school to inform parents and community about public health issues that affect them - some examples of this might be AIDS prevention, substance abuse prevention, and communicable diseases; physical education which refers to the structured required physical education program that includes many aspects of health education throughout its curriculum; health promotion/wellness which involves those activities focusing on improved quality of life for students and faculty. These programs may be informally delivered on an individual basis or presented in a more formal group setting.

Barriers

The following were identified as the main barriers to this component of a school health program.

- o No mandate for comprehensive health education
- o Lack of certified health educators
- o Responsibility for health education is not clearly delineated
- o Competing needs for funding
- o Limited staff time
- o Not a priority on a school or system wide basis

In identifying these barriers the subcommittee was aware that the priority given to health education varies throughout the state. The subcommittee also recognized that due to the unique needs of each jurisdiction solutions to some of these barriers may not meet the needs of all schools.

Solutions

The major solution to making health education a part of every student's school experience is to mandate comprehensive health education kindergarten through the twelfth grade. To ensure that the health education taught throughout the state is consistent, the state's proposed Health Education Curricular Framework must be adopted and used as a basis for all curricular development.

For the other health education areas and the barriers for implementation, the subcommittee wanted to emphasize the need for school nurses and a coordinated health promotion/wellness initiative. The Health Education Subcommittee's Action Plan reflects in detail how these areas may be addressed.

Legislation

The following laws and regulations currently exist regarding education on health matters for Maryland's public schools.

- School Health Program - Section 7-401, Annotated Code of Maryland (Appendix B)
- Physical Education Program - Section 7-407, Annotated Code of Maryland (Appendix L)
- Safety Education Program - Section 7-408, Annotated Code of Maryland (Appendix M)
- Drug Education Program - Section 7-409, Annotated Code of Maryland (Appendix E)
- Alcohol Abuse Program - Section 7-411, Annotated Code of Maryland (Appendix F)
- Family Life and Human Development - COMAR 13A.04.01 (Appendix G)
- AIDS Prevention Education - COMAR 13A.04.15 (Appendix D)

RESPONSIBLE PARTIES

The Maryland State Department of Education has the lead responsibility in mandating health education and establishing a curricular framework from which the local education agencies may work.

Role of the School Nurse

The school nurse plays a key role in the implementation of formal and informal health education because the school nurse:

- Serves as a resource for health education teacher
- Assists in development of curriculum
- Coordinates health promotion programs on the local school level
- Develops and implements parent and community programs
- Plans staff development programs
- Works with parent and community groups to increase involvement with the school

HEALTHY ENVIRONMENT SUBCOMMITTEE

Barriers

Very early in the discussions of the Subcommittee on the Environment, it became apparent that the area of school environmental health had changed significantly in the last decade. In the past the focus had been on construction, maintenance, general housekeeping, ensuring compliance with fire and safety codes, and operation of a sanitary food service. However, environmental health has gained momentum and is accompanied by a multitude of federal, state, and local requisites for local school systems. These increased requisites challenge the resources of the local education agencies.

In order to manage the spectrum of environmental health factors found in a school the following operational areas must be considered:

- o Planning/Design/Construction
- o Maintenance/Operations
- o Investigations/Inspections
- o Corrective Action
- o Training
- o Reporting/Recordkeeping

As illustrated in Appendix N, Profile of School Environmental Health Factors, this area is broad and involved.

The short time frame of the task force limited the ability of the subcommittee to ascertain the exact status of environmental health in each local school system in Maryland. However, the limited information presented to the subcommittee strongly suggests that there are few comprehensive programs in the state and that jurisdictions are dealing with the following problem areas:

- o School environmental health is not well defined or focused due to its new and evolving nature thus contributing to an absence of strategic planning and implementation of programs and activities to deal with this issue.

- o Adequate school health environmental guidelines and standards have not been drafted or adopted by the Maryland State Department of Education and Maryland State Department of Health and Mental Hygiene.

- o Inadequate level of communication and coordination between and among educational, environmental and health jurisdictions on state:state, state:local, and local:local levels.

- o Lack of local/state resources to adequately address the problems.

The subcommittee was made aware of persons in the health, education, and environmental agencies attempting to respond to the environmental requisites presently affecting schools. One example of this work is presented in Appendix O, Environmental Concerns Questionnaire. This planning effort includes the fiscal impacts the local educational agency anticipates in addressing the problem.

School food service was briefly discussed. Certain aspects of this activity are in all three major areas of school health: services, education, and environment. Although there was not time to address this issue with limited information available, the subcommittee believes further work needs to be done in order to integrate food service with the total school health program.

Solutions

The overriding solution to the priority need of improved coordination and communication between and among state:state, state:local, and local: local agencies lies with interagency cooperation and agreements. The subcommittee believes a state coordinating body is needed to begin to address the environmental issues which cross federal, state, and local lines. Also a working relationship must exist between and among the local departments of health, education, and environment. This may occur on a regional basis in some parts of the state.

Additional solutions include the following.

- Development of positions on the local and state levels to facilitate a focal point for environmental health issues.
- Establishment and adoption of guidelines and standards specific to environmental health in schools, Article 7-401, (Appendix B).
- Provision of additional state aid or low cost funds to local educational systems to deal with this issue.
- Develop state and local protocols with the designated responsible party for planning and implementation.

Legislation

The Education Article 77, Section 7-401 (Appendix B), Annotated Code of Maryland, requires the Maryland State Department of Education and the Maryland State Department of Health and Mental Hygiene to provide a school health program which includes a health school environment.

School environmental guidelines and standards with the exception of Section F, Health Facilities, in the Standards for Maryland Public School Health Services (Appendix H) have not been developed.

Many federal, state, and local requisites for the environment exist as previously mentioned. The ability to comply with these requirements is a true challenge for most educational agencies.

Responsible Parties

The Education Article 77 Section 7-401 (Appendix B) designates responsibility for the school environment to the Maryland Department of Education with the assistance of the Maryland State Department of Health and Mental Hygiene. However in the environmental area, the Maryland Department of the Environment and the Maryland State Department of Licensure and Regulation are involved because of the nature of the services needed to address the problems. Also, the community and school health expertise needed in this area can be obtained from the Maryland State School Health Council, which is appointed and funded by MSDE and

DHMH and is composed of public and private sector professionals and parents. On the local level, departments of education, health, environment, licensure and regulation, school health councils, or advisory bodies need to be involved in order to address this broad and complex area.

Role of the School Nurse

The school nurse is a valuable member of the interdisciplinary team needed to address environmental issues in the schools. The roles are:

- Resource/consultant to educational and environmental staffs.
- Advocate for the student in school.
- Provider of direct school health services.

While the overall goal is to promote and maintain a healthy and safe school environment, specific activities may include:

- Providing guidance and direction on school construction plans for health suites in the area of health and safety.
- Identifying and reporting potential or existing unsafe situations/conditions in the community or school setting.
- Providing guidance and/or service on infection control in the school setting which may include educational sessions with school staff, students, and parents.
- Planning for the safety of all students in emergencies, i.e., fire drills, school evacuation.
- Participating as a member of the School Safety Committee.

ACTION PLAN

ISSUE	RECOMMENDATION	IMPLEMENTATION TASK	TIME FRAME	IMPLEMENTATION MECHANISMS	RESPONSIBLE PARTIES
Article 77, Section 7–401 (Appendix B) of the Maryland Code required the development of standards for School Health Services. These were developed but never promulgated. (Appendix H).	MSDE and DHMH jointly adopt and promulgate the revised standards for school health services.	Initiate process for adoption and promulgation.	Begin immediately and complete no later than July, 1991.*	Adopt as required by law.	MSDE DHMH Legislature's AELR Committee
Requiring a mandatory physical examination for all students entering the Maryland public school system for the first time.	MSDE and DHMH work cooperatively to develop legislation.	Initiate legislative process.	Begin immediately and complete no later than July, 1991.	Statute	DHMH MSDE Governor's Office Legislature
Define the role of the School Nurse in relationship to Maryland Board of Nursing standards of practice.	DHMH and MSDE jointly appoint a work group with representation from DHMH, MSDE, MSSHC, Board of Nursing, nursing schools and nursing organizations.	Define the role of the School Nurse. Prepare a written job description to be used as a basis for school nurse practice utilizing existing national standards of practice.	Appointment made as soon as possible. Work group to complete task within six (6) months of appointment.	DHMH and MSDE shall appoint a work group. DHMH and MSDE distribute job description to appropriate local education and health agencies.	MSDE DHMH

*Minority vote cast by Task Force Member Susan Leviton to make this date July, 1990.

ACTION PLAN

ISSUE	RECOMMENDATION	IMPLEMENTATION TASK	TIME FRAME	IMPLEMENTATION MECHANISMS	RESPONSIBLE PARTIES
School Nurses	Allocate school nurse positions to every local jurisdiction until the recommendations made by the American School Health Association, National Association of School Nurses, and the American Nurses' Association are met: (1 nurse:750 students 1 nurse:225 Special Education Students 1 nurse:125 severely handicapped students)	Draft a Bylaw/ regulation by MSDE and DHMH for the provision of school nurses.	July, 1990	Statute Regulations	MSDE DHMH Governor's Office Legislature's AELR Committee
		Fiscal appropriation for school nurse funding.	State budget cycle.	Establish a line item in MSDE and DHMH's budget.	MSDE and DHMH
	Complete this initiative within 5 years. Target first those schools identified as high risk.	Establish categorical funding to local education and health agencies.	Fully implemented 1995–96 school year.	Develop criteria for awarding categorical grants to local education and health agencies.	DHMH MSDE LEA LHDs

ACTION PLAN

ISSUE	RECOMMENDATION	IMPLEMENTATION TASK	TIME FRAME	IMPLEMENTATION MECHANISMS	RESPONSIBLE PARTIES
Continue School Nurse Institute Program (SNIP) as a continuing education program for school nurses.	Fiscal appropriation by MSDE and DHMH of $5,000 each to partially fund SNIP.	Budget initiative.	As per Budget Cycle.	Establish line item in budget for SNIP.	DHMH MSDE
	Seek continued support from University of Maryland School of Nursing.	Obtain a letter of cooperative agreement.	Yearly in January.	Prepare and finalize letter of cooperative agreement.	DHMH MSDE University of Maryland School of Nursing
	Identify and seek support from additional revenue sources.	Letter of cooperative agreement.	Yearly in January.	Prepare and finalize letter of cooperative agreement.	DHMH MSDE
	Continue registration fees for SNIP.	Set registration fees to provide partial funding.	As part of SNIP yearly planning.	Base registration fees on session budgets.	SNIP planning committee
Health Education	Mandate comprehensive K–12 School Health Education to be phased in over a 5 year period.	Establish the Health Education Curricular Framework as the basis for statewide K–12 health education.	June, 1990	Curriculum Framework to Board of Education.	MSDE
		Draft a bylaw mandating K–12 comprehensive school health education.	June, 1990	Adopt the bylaws mandating K–12 comprehensive school health education.	MSDE
		Develop locally K–12 Health Education Curriculum and training/ retaining of teachers.	Fully implemented 1995–96 school year.	Use LHD for resource in training and curriculum development.	LEA and LHD

ACTION PLAN

ISSUE	RECOMMENDATION	IMPLEMENTATION TASK	TIME FRAME	IMPLEMENTATION MECHANISMS	RESPONSIBLE PARTIES
Health Promotion/ Wellness Programs	Establish Health Promotion/ Wellness for school staff and students throughout the state.	Establish position within MSDE for statewide coordination for Health Promotion/Wellness Programs.		Provide state funding for state health promotion/wellness coordinator position with support staff.	MSDE
		Develop program.		Establish a statewide committee with representation from state and local education and health agencies to plan an interagency approach to the health promotion/wellness initiatives. Provide technical assistance to LEAs for program development. Provide annual report on status of Health Promotion/Wellness Programs.	MSDE DHMH Interagency Committee
		Provide state funding for incentive grants.		Develop criteria for incentive grants to LEAs for coordination of local efforts in Health/Wellness.	

ACTION PLAN

ISSUE	RECOMMENDATION	IMPLEMENTATION TASK	TIME FRAME	IMPLEMENTATION MECHANISMS	RESPONSIBLE PARTIES
A lack of specific school environmental health standards.	Establish standards for environmental health in schools.	Develop minimal acceptable standards for schools.	Initiate in 1990	Regulation	MSDE MDE DHMH MDL&R MSSHC
Inadequate level of communication and coordination between and among education, environmental and health agencies on state to state, state to local, and local to local levels.	Define one location (point of entry) to serve as the resource point for local school systems relative to emergency response, technological advice and planning support for school health environmental issues.	Develop plan in cooperation with appropriate state and local agencies.	Initiate in 1990	Establish Interagency Coordinating Committee on School Environmental Health with one representative from each of the following: MSDE MDE DHMH MDL&R Public member with a focus on school environmental health.	MDE * lead MSDE DHMH MDL&R

ACTION PLAN

ISSUE	RECOMMENDATION	IMPLEMENTATION TASK	TIME FRAME	IMPLEMENTATION MECHANISMS	RESPONSIBLE PARTIES
School environmental health is not well defined or focused due to its new and evolving nature. Lack of strategic planning and implementation of programs/ activities to deal with this issue.	Develop a School Environmental Profile that presents and analyzes current and potential elements (and related requisites); inventories and forecasts present and future fiscal impacts on school systems and state agencies.	Develop Profile that includes programmatic and fiscal impact on local school systems and projects future needs.	Initiate in 1990	Statute Rules and Regulations	MSDE *lead Interagency Coordinating Committee
		Identify guidelines/ standards needed to implement environmental programs/ activities.	Initiate in 1990		
	Develop a position in MDE with expertise in safety and environmental health in schools.	Serve as resource to locals. Assist in development of state/ local protocols.	Initiate in 1990	State Budget	MDE
	Develop a position/office within MSDE which specializes in environmental health to serve as the focal point coordinating/interpreting/implementing resources for this area.	Serve as resource to locals. Assist in development of state/ local protocols.	Initiate in 1990	State Budget	MSDE
	Develop a full–time position of safety and environmental health specialist in local LEAs or regional areas.	Define role and placement in agency or region.	Initiate in 1990	Interagency Coordinating Committee, Local Budget/ MSDE and Local Planning.	MSDE

ACTION PLAN

ISSUE	RECOMMENDATION	IMPLEMENTATION TASK	TIME FRAME	IMPLEMENTATION MECHANISMS	RESPONSIBLE PARTIES
Lack of local/state resources to adequately address school environmental problems.	Provide additional state funds and/or low interest state loans that can be used to address this problem.	Identify areas for priority funding. Develop legislation for low interest loan program.	1992	State Budget Statute	MSDE DHMH
Inadequate local and state protocols which fail to identify the responsible party for total management of school environmental health issues.	Establish local and state protocols on management of environmental issues in schools.	Identify, define, and prioritize areas of concern. Identify responsible party for implementation and accountability.	1990	State Interagency Coordinating Committee Local Interagency Communication	MSDE MDE DHMH MDL&R
School food service is often overlooked and rarely integrated with other school services addressing health and nutrition education goals.	A task force should be established to investigate and make recommendations concerning appropriate health and nutrition education functions of the school food service.	Establish a taskforce with representation from the agencies responsible for health service, food service, and curriculum.	1990	Prepare and submit report to Secretary and Superintendent of Education.	MSDE DHMH
Implementation, monitoring, and evaluation of Task Force recommendations.	Appointment by MSDE and DHMH of one (1) person each to facilitate the implementation of the recommendations.	Appointment by each agency of responsible staff person.	Appointments made as soon as possible.	Review the Task Force recommendations. Develop plan to facilitate and report on the recommendations including procedures to the Superintendent and Secretary.	Appointed Staff

ACTION PLAN

ISSUE	RECOMMENDATION	IMPLEMENTATION TASK	TIME FRAME	IMPLEMENTATION MECHANISMS	RESPONSIBLE PARTIES
COMAR 13A.06.02(H) (Appendix P) conflicts with school health standards.	COMAR 13A.06.02(H) be amended to read "A student shall be examined and certified to the high school principal as being physically fit to participate in any tryout or as a member of a school team. The examination shall be performed by a qualified physician or a nurse practitioner."	Amend COMAR 13A. 06.02(H) language. Follow the process for COMAR change.	Spring, 1990 to completion	As required by law	MSDE
Dental Health is an integral part of the health of Maryland's school aged children.	DHMH and MSDE jointly appoint a workgroup with representation from the DHMH, MSDE, Maryland Dental Association, Maryland State Dental Health Officers Conference, and University of Maryland School of Dentistry.	Determine the dental programs needed for school aged children. Evaluate resources available and/or needed. Prepare a written report on the outcomes.	6 months from time of appointment.	DHMH and MSDE shall appoint a workgroup. Submit report to Secretary and Superintendent.	MSDE DHMH

CONCLUSION

The School Health Task Force, appointed by Secretary Adele Wilzack, R.N., M.S., in June 1989, examined the status of Maryland's school health program and services as well as issues that affect the health status of our school aged youth in Maryland. The Task Force held meetings throughout the State in order to provide the opportunity for interested persons to share their concerns and ideas regarding school health issues. Experts in the areas of school health services, education, and environment attended the Task Force meetings and participated in the discussions. The Task Force made 16 recommendations based on our knowledge of the state-of-the-art, research and spirited debate. We recognize the fiscal implications for state and local health and education agencies and are aware that both health and education agencies are required by law to share fiscal responsibilities for a comprehensive school health program.

We also recognize that there are limited revenue sources available and would therefore suggest that new resources be explored. Possible new revenue sources could include:

- Federal drug-free schools monies
- An increase in alcohol and tobacco taxes
- Reimbursement for school health services from Medical Assistance and other third party payers.
- Exploring grant options from federal or private sources.

The recommendations having the most significant fiscal impact are:

- Adoption of the Standards, and
- School nurse to student ratio Bylaw.

We recommend a phase-in period which would allow a gradual expenditure of funds and provide the local health and education agencies time to develop a quality program to reflect the particular needs of their community.

Even though the fiscal impact of these recommendations is significant, the Task force wishes to emphasize the importance of a comprehensive school health program. In order to learn, students must be in good health and have access to appropriate health care programs and services. A successful educational experience will result in our children entering society as productive and contributing adults.

GLOSSARY

AELR	Administrative and Executive Law Review Committee of the Legislature
COMAR	Code of Maryland Regulations
DHMH	Department of Health and Mental Hygiene
LEA	Local education agencies
LHD	Local health department
MDE	Maryland Department of the Environment
MDL & R	Maryland Department of Licensure and Regulation
MSDE	Maryland State Department of Education
MSSHC	Maryland State School Health Council

State of Maryland

OFFICE OF THE SECRETARY
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
201 WEST PRESTON STREET • BALTIMORE, MARYLAND 21201

William Donald Schaefer
Governor

Adele Wilzack R.N., M.S.
Secretary

Mrs. Marilyn Goldwater, R.N.
5508 Durbin Road
Bethesda, Maryland 20814

Dear Mrs. Goldwater:

Today's changing health problems and concerns are reflected in our student population. The societal changes and technological advances now place schools in a position to intervene with our student population and play a major role in assisting students to lead healthier and more productive lives. This is an important step in helping students to become successful in their academic progress.

To address the impact of these health concerns on our youth, I am appointing a task force in school nursing and health services. As a leader committed to improving the status of Maryland's youth, I appreciate your willingness to serve as Chairman to the Task Force on School Health. I know that your expertise, knowledge and dedication will be important in developing a comprehensive policy to improve the delivery of school health services.

The key issues the Task Force should address are:

1. The status of school health services in Maryland.
2. The goals needed to improve and expand on the school health program.
3. The role of the school nurse.

In carrying out this charge, the Task Force should consider and incorporate the concerns of school nurses, physicians, educators, parents and students. In making recommendations you should take note of past and current policies and proposals offered by other relevant commissions and task forces. A final report should be submitted to me by January 1, 1990.

The first meeting of the Task Force on School Health will be held on Tuesday, June 27, 1989 at 9:30 a.m. in the Lobby Conference Room (LL-3) of the O'Conor Building, 201 W. Preston Street, Baltimore, Maryland.

TTY for The Deaf
Baltimore Area 383-7555
D.C. Metro Area 565-0451

Area Code 301 - 225-6500

Please contact Ms. Genie L. Wessell, School Health Nurse Consultant, Division of Child Health Services, Family Health Administration, Department of Health and Mental Hygiene, at 225-6748, to indicate your attendance at the meeting on June 27th.

Thank you for agreeing to participate and help recommend innovative ways to deliver school health services and programs in the current environment.

Sincerely,

Adele Wilzack, R.N., M.S.
Secretary

AW:ns

Article 77

(a) Duty of county board. - With the assistance of the county health department, each county board shall provide:

(1) Adequate school health services;

(2) Instruction in health education; and

(3) A healthful school environment.

(b) Development of public standards and guidelines. - Department of Education and the Department of Health and Mental Hygiene jointly shall:

(1) Develop public standards and guidelines for school health programs; and

(2) Offer assistance to the county boards and county health departments in their implementation (An. Code 1957, art. 77 Section 85; 1978, ch. 22, Section 2.)

Article 77

7-409. Drug education program.

(a) State Board to implement program. - The State Board shall develop and implement a program of drug education in the public schools.

(b) Teachers to be trained in drug education. - (1) This program shall be started before the sixth grade in each public school by teachers who are trained in the field of drug education. (2) The State Board shall establish standards for determining how a teacher is considered to be "trained in the field of drug education" for the purposes of this section.

(c) Coordination with other State Agencies. - This program shall be coordinated with other State agencies that are responsible for drug abuse education and control. (An. Code 1957, art. 77, Section 88A; 1978, ch. 22, Section 2.)

Article 77

7-411. Alcohol abuse program.

(a) State Board to implement program. - (1) By the fall of 1978, the State Board shall develop and implement a program of health education that deals specifically with the abuse of alcohol. (2) This program may be included in the drug education program under Section 7-409 of this subtitle.

(b) Coordination with other State agencies. - This program shall be coordinated with other State agencies that are responsible for alcohol abuse education and control. (An. Code 1957, art.77, Section 88B; 1978, ch. 22, Section 2.)

D. Ratification of the proposed amendments shall require a majority vote of the delegates present at the annual legislative meeting of the MPSSAA.

E. Amendments approved by the MPSSAA shall be forwarded to the State Superintendent of Schools who will receive recommendations from local superintendents of schools before the State Superintendent of Schools submits recommendations to the State Board of Education.

F. The amendments approved by the State Board of Education shall be in effect according to the date established by the Board.

Administrative History

Effective date: October 1, 1975 (2:22 Md. R. 1373)
Regulations .01, .04, .07A, .09A, and .12 amended effective August 4, 1976 (3:16 Md. R. 853)
Regulations .02A, F, .03B, .04, and .07C amended effective August 31, 1977 (4:18 Md. R. 1399)
Regulations .02F, J; .03B; .04B; .05; and .07C amended effective September 19, 1980 (7:19 Md. R. 1808)
Regulation .03B amended effective February 27, 1984 (11:4 Md. R. 317); August 27, 1984 (11:17 Md. R. 1493)
Regulations .03B, .04B, .06D, .07C amended effective August 10, 1979 (6:16 Md. R. 1332)
Regulations .03B and .04B amended, .05 repealed, and new .05 adopted effective October 24,1983 (10:21 Md. R. 1903)
Regulations .03B, .05, and .09A, E, G, H amended effective August 11, 1978 (5:16 Md. R. 1260)
Regulations .03B and .11A amended effective August 2, 1982 (9:15 Md. R. 1517)
Regulations .04B, .07C, and .11 amended effective August 31, 1981 (8:17 Md. R. 1420)
Regulations .06E, .09I, and .10E adopted effective August 10, 1979 (6:16 Md. R. 1332)
Regulation .12 repealed effective August 10, 1979 (6:16 Md. R. 1332)

Chapter revised effective August 15, 1988 (15:16 Md. R. 1916)

(3) The competition is sponsored by an educational institution or similar non-profit organization;

(4) Travel distance from the participating school to the game site may not exceed 600 miles round trip;

(5) All awards shall comply with Regulation .08.

.10 Amateur Rules.

A. Students who have not used or are not using their athletic skill as players for financial gain, or who have not competed under assumed names as players, shall be considered amateurs. Employment as an instructor, counselor, or official may not be considered a violation.

B. Students who have ceased to be amateurs in a particular sport may not represent their school in interscholastic athletics in that sport.

C. Students who have lost amateur standing may apply for reinstatement to the MPSSAA Appeals Committee after the lapse of 60 days. The 60 days shall commence with a letter of determination from the local superintendent of schools.

D. Students may not lose amateur standing by playing with or against professional players as long as they do not receive pay for their services.

E. Students shall lose their amateur status in a particular sport if they sign a professional contract in that sport.

.11 Amendments.

A. Proposed written amendments to these regulations may be submitted only by any MPSSAA member school, member local superintendent of schools, MPSSAA committee, or the MPSSAA Executive Secretary. Proposed amendments shall be received by the MPSSAA Executive Secretary at least 45 days before the annual meeting of the MPSSAA Board of Control.

B. Upon receipt, proposed amendments shall be referred to the Constitution Committee for appropriate action and recommendation.

C. Notice of the proposed amendments shall be sent to each MPSSAA member school, local superintendent of schools, and the State Superintendent of Schools at least 15 days before the annual legislative meeting of the MPSSAA.

Title 13A
STATE BOARD OF EDUCATION

Subtitle 05 SPECIAL INSTRUCTIONAL PROGRAMS

Chapter 01 Programs for Handicapped Children

Authority: Education Article, §§4-112, 8-301, 8-302, 8-411, 8-412, 8-413, and 8-415, Annotated Code of Maryland

.01 Commitment.

In accordance with Education Article, Title 8, Subtitle 4, Annotated Code of Maryland, State and local education agencies shall provide free and appropriate educational programs and related services for all handicapped children, from birth through the age of 20, who are found to be in need of special educational services. These appropriate services are to begin as soon as the child can benefit from them, provided services for children under the age of 5 shall be phased in as required by law.

.02 Definitions.

A. "Handicapped Children".

(1) "Handicapped children" means those children who have been determined through appropriate assessment (see Regulation .05C) as having temporary or long-term special educational needs arising from cognitive, emotional, or physical factors, or any combination of these. Their ability to meet general educational objectives is impaired to a degree whereby the services available in the general education program are inadequate in preparing them to achieve their educational potential.

(2) "Handicapped children", as referred to above, includes those children who have been described as follows:

(a) "Deaf" means a hearing impairment which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects educational performance.

(b) "Deaf-blind" means concomitant hearing and visual impairments, the combination of which causes such severe communica-

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tion and other developmental and educational problems that the children cannot be accommodated in special education programs solely for deaf or blind children.

(c) "Hard of hearing" means a hearing impairment, whether permanent or fluctuating, which adversely affects a child's educational performance but which is not included under the definition of "deaf" in this section.

(d) "Mentally retarded" means significantly sub-average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's educational performance.

(e) "Multi-handicapped" means concomitant impairments (such as mentally retarded-blind, mentally retarded-orthopedically impaired, etc.), the combination of which causes such severe educational problems that the children cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blind children.

(f) "Orthopedically impaired" means a severe orthopedic impairment which adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (for example, clubfoot, absence of some member, etc.), impairments caused by disease (for example, poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (for example, cerebral palsy, amputations, and fractures or burns which cause contractures).

(g) "Other health, impaired" means limited strength, vitality, or alertness, due to chronic or acute health problems (such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes), which aversely affects a child's educational performance.

(h) "Seriously emotionally disturbed" is defined as follows:

(i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

(aa) An inability to learn which cannot be explained by intellectual, sensory, or health factors;

(bb) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

(cc) Inappropriate types of behavior or feelings under normal circumstances;

(dd) A general pervasive mood of unhappiness or depression; or

(ee) A tendency to develop physical symptoms or fears associated with personal or school problems.

(ii) The term includes children who are schizophrenic or autistic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed.

(i) "Specific learning disability" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not apply to children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

(j) "Speech impaired" means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, which adversely affects a child's educational performance.

(k) "Visually handicapped" means a visual impairment which, even with correction, adversely affects a child's educational performance. The term includes both partially seeing and blind children.

(3) Handicapped children may be able to function in a general education program time with the assistance of supplementary services; may require supplementary services outside of the general classroom; or may require more intensive service which necessitates placement outside of the general education program. Some handicapped children require special education and related services; some do not. Economic and cultural disadvantaged conditions are not, in themselves, handicapping conditions which justify special education programming.

B. "Special education" means instruction provided at no cost to the parents, which is specially designed to meet the unique needs of a handicapped child, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions. The term also includes vocational education, if it consists

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of specially designed instruction, to meet the unique needs of a handicapped child, at no cost to the parents. Related services are transportation and those developmental, corrective, anther supportive services that are required to assist a handicapped child in benefitting from education. The term "related services" includes speech pathology and audiology, psychological services, physical and occupational therapy, recreation, early identification and assessment of disabilities, counseling services, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in schools, and parent counseling and training.

C. "Special education services" means special education and related service as defined above.

D. "Appropriate special education programs" means those services defined in each child's individualized education program (I.E.P.).

.03 State Responsibility.

A. State Advisory Board. The State Superintendent of Schools shall appoint, with the approval of the State Board of Education, a State Advisory Committee for Special Education. This committee shall be composed of the following: individuals involved in or concerned with the education of handicapped children, handicapped individuals, teachers (special and general), parents or guardians of handicapped children, local education officials, including building principals in general education, representatives from the State Department of Human Resources and Health and Mental Hygiene, and administrators of programs for handicapped children. The State Advisory Committee shall advise the State Superintendent of Schools regarding unmet needs within the State in the education of handicapped children, regulations or bylaws to be promulgated regarding the education of handicapped children, and the development of programs for handicapped children. The term of appointment shall be 3 years.

B. Assurance. The State Department of Education shall assure that all children, birth through age 20, residing in the State who are handicapped, regardless of the severity of their handicap, and who are in need of special education or related services, or both, are identified, assessed, and provided with appropriate special education services as consistent with Maryland law and federal law.

C. Planning.

(1) The State Superintendent of Schools shall require the maintenance of a comprehensive plan for the provision of special educational services by each local education agency. This plan is to be updated and submitted annually. The plan shall be in accordance with guidelines prescribed by the Maryland State Department of Education and reviewed as set forth in Article 77, §106D, Annotated Code of Maryland. The State Superintendent of Schools will not approve any plan which, in his judgment, deprives any child of appropriate special educational services.

(2) Modifications of the comprehensive plan submitted by a local board of education for approval shall be reviewed in the same manner as set forth in Education Article, Title 8, Subtitle 4, Annotated Code of Maryland.

(3) If the State Superintendent of Schools determines for any school year that the plan from a local board of education fails to provide appropriate special education services for any child, he shall, under the provisions of Education Article, §8-405, Annotated Code of Maryland, prepare a modification of this plan. The State Board of Education shall consider the modified plan and hear any appeals relative to the modification. The State Board of Education may not approve any modification which, in its judgment, deprives any child of appropriate special educational services.

D. Interagency Collaboration. The State Department of Education, in collaboration with other State agencies, shall establish, implement, and maintain State interagency coordination to insure the development of interagency planning and the implementation of programs for handicapped children. Generally, this collaborating shall lead to the provision of special education services (as defined in Regulation .02B) by the Department of Education, medical services, services by the Department of Health and Mental Hygiene, and social services by the Department of Human Resources.

E. Monitoring and Evaluation Activities. The State Superintendent of Schools shall be responsible for the development of policies and procedures for monitoring and evaluation activities which insure compliance of all public agencies within the State with the requirements of these regulations and State and federal legislation. These procedures shall also provide for the evaluation of the effectiveness of the individualized education programs.

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F. Personnel Certification and Training. The State Superintendent of Schools shall be responsible for the development and implementation of a comprehensive system of personnel development which shall include the in-service training of general and special education instructional personnel, related services personnel, administrators, and support personnel in all programs serving handicapped children. This training shall be made available to both public and nonpublic facilities. Certification requirements shall be as set forth in COMAR 13.06.01.

G. Services Provided by Other Agencies and Organizations. Educational services provided by other than local education agencies, whether public or private, shall be under the supervision of the State Superintendent of Schools, who shall insure that these programs meet the minimum requirements as set forth in these regulations. Special educational programs offered by non-public and State-funded or -operated institutions shall be approved in accordance with the provisions of Education Article, §§2-206 and 2-303(h), Annotated Code of Maryland, and "Guidelines for the Approval of Education Programs offered by State Institutions", Maryland State Board of Education, or "Standards for Nonpublic Schools for the Handicapped" (COMAR 13.09.07).

H. Transportation.

(1) The State Board of Education shall establish regulations for the provision of free transportation for all handicapped children. These regulations shall be in accord with the Education Article and the Transportation Article—Vehicle Laws and COMAR 13.05.03.01A. Implementation of these regulations shall occur by fiscal year 1981.

(2) Daily transportation or reimbursement shall be provided for attendance at approved non-residential facilities, and the State Superintendent of Schools shall establish uniform criteria for the frequency of transportation to be provided to residential facilities.

(3) Consistent with §H(1) and (2) above, transportation shall be provided in accordance with the individualized educational program as determined by the Admission, Review, and Dismissal Committee.

I. Facilities. The State Department of Education shall develop minimum criteria for classrooms and facilities for special education programs.

J. Financial Accounting.

(1) The special education financial accounting system shall be in consonance with the State's categories of expenditures.

(2) The minimal educational services delineated within the financial accounting system program structure shall be that contained in "The Financial Reporting Manual: Maryland Public Schools".

(3) State reimbursement shall be based on the provision of special educational services as reported to the State Department of Education in the "Guidelines For Special Education Financial Accounting and Reporting".

K. Reimbursement for Educational Programs of Students Residing in Public Institutions. When the recommendation of the local education agency Admission, Review, and Dismissal Committee (ARD) is to place a child in a public residential institution, the following formulas for reimbursement shall apply:

(1) When special education services are provided by a public institution, the State Board of Education shall require the local board of education to pay that institution an amount not to exceed that amount which the sending local board of education appropriates from its own funds on an average per pupil cost basis for all children receiving locally operated Level V service, or the actual cost of the program, whichever is less.

(2) The State Board of Education may require local education agencies to provide special educational services for handicapped children, from birth through age 20, residing in approved public residential institutions within their respective boundaries. Funds for the education of these children shall be provided pursuant to a formula administered by the State Board of Education whereby the local education agency providing the services is granted 100 percent of the cost of the services for those children whose parent's or guardian's legal residence is in another local subdivision. The local education agency providing the service shall be reimbursed as follows: the cost to the sending local education agency shall provide for each child involved, either the average per pupil cost which the sending local board of education appropriates per child for all children receiving Level V services operated by that local board of education, or the actual cost of the program, whichever is less. If the actual program cost exceeds the Level V per-pupil cost of the sending local board of education, the State shall reimburse the local board of education providing the service for any remaining approved costs.

.04 Responsibility of Agencies Providing Direct Service.

A. Education agencies providing direct service to handicapped children include the local education agency, non-public special education schools, and State funded or operated facilities. Except as noted, all references in these regulations apply to all education agencies providing direct service to handicapped children.

B. Local Education Agency Responsibility. All children, from birth through age 20, residing within the jurisdiction of the local educational agency who are handicapped, regardless of the severity of the handicap, and who are in need of special education and related services shall be identified, assessed, and provided appropriate special education services consistent with the provision of these regulations.

C. Local Education Agency Planning Responsibilities.

(1) The local education agency shall maintain a comprehensive plan which provides for the identification of children who may be in need of special education services and for the delivery of these services. This plan is to be submitted annually to the State Superintendent of Schools.

(2) This plan shall be in accordance with policy and format established by the Maryland State Department of Education.

(3) If a local board of education determines for any school that the county or the City of Baltimore share of monies, plus the State share, plus any additional aid, is insufficient to carry out the local plan approved under the provisions of Education Article, §8-404, Annotated Code of Maryland, the local board shall prepare a modification of the local plan. This modification shall be submitted to the State Superintendent of Schools within 25 days after adoption of the local education agency budget for the school year to which the modification applies, providing the modification does not deprive any child of appropriate special educational services.

(4) Before development and submission of these plans or modifications, the local education agency shall provide for public hearings, adequate notice of these hearings, and an opportunity for comment by the general public, consistent with the local education agency's procedure for the adoption of policy.

D. Local Education Agency Responsibility for Interagency Collaboration. Each local education agency in collaboration with local and State agencies and other private and public resources shall establish,

implement, and maintain local interagency planning and implementation of programs for handicapped children.

E. Public Information. The education agency shall provide the public with information regarding special education programs and related services consistent with the agency's public information policy.

F. Personnel.

(1) Each education agency shall designate a person to be responsible for administration of the special educational program to ensure implementation of the provisions of these regulations.

(2) Each education agency shall designate a person to be responsible for the coordination and supervision of the special education instructional program. This person shall have the necessary training and background of experiences to perform these duties.

(3) The education agency shall provide certificated educational personnel as specified in COMAR 13.06.01, to ensure implementation of the provisions of these regulations. Additional agency personnel criteria shall be in compliance with established policies of the State Board of Education.

(4) All education support personnel shall meet the certification requirements as specified in COMAR 13.06.01.

(5) All other personnel, including but not limited to, nurses, physicians, psychiatrists, occupational therapists, physical therapists, and social workers, shall hold all licenses required by the State to practice in the State. Qualifications for these personnel when working in educational programs, as well as guidelines for their supervision, shall be developed jointly by the State Departments of Education and Health and Mental Hygiene.

(6) All aides, paid or volunteer, shall be at all times under the direct supervision of qualified staff. The duties and responsibilities of all aides shall be clearly defined in writing.

G. Facilities.

(1) The education agency shall provide classrooms and facilities for programs and services for handicapped children which are at least equivalent to those provided for students in the general education program and consistent with the minimum criteria as established under Regulation .03I, above.

(2) The education agency shall provide facilities in accordance with "Facilities for the Handicapped", Article 78A, §51, Annotated Code of Maryland.

H. Assurance of Non-Discrimination/Parents. The education agency may not require parents or guardians of any child placed in special education services to perform duties not required of a parent or guardian of a child in a general school program.

I. Personnel Training. Each direct service agency shall be responsible for the implementation of a personnel development plan which includes the in-service training of general and special educational, instructional and related services, administrative, and support personnel.

.05 Identification.

A. Non-Discrimination Policy. Local educat on agencies may not assess or design children to special education programs and services on the basis of national origin, race, sex, linguistic, religious, or cultural background.

B. Screening.

(1) The local education agency, jointly with the local health agency, shall provide for continuous screening of school- and preschool-age children, for problems which impede learning. These procedures shall be in accordance with guidelines developed jointly by the State Department of Education and the State Department of Health and Mental Hygiene, as specified in Education Article, §§7-401 and 7-403, Annotated Code of Maryland.

(2) A screening program shall be designed and conducted for all children of kindergarten age or upon first entry, and shall include, but not be limited to:

(a) Information including the age at which developmental milestones were attained, existence of possible special needs, results of previous assessments and evaluations, history of placement in special education programs, and history of treatment received for disabilities (this information shall be sought from parents, as appropriate);

(b) A screening which includes the child's visual, auditory, and motor functioning, separately or in integration.

(c) A language screening including receptive, inner, or symbolic and expressive language in English and in the child's primary language if it is other than English, and academic areas where appropriate.

(3) A comprehensive screening, similar to the kindergarten screening (see §B(2), above), but adjusted for the child's developmen-

tal level, shall be provided, to children within 30 calendar days of a request from the parents or guardians.

(4) Each local education agency and local department of health shall use screening personnel who are under the direct supervision of licensed, approved, or board-registered personnel in a speciality area qualifying them to do the specific screening which is being performed.

(5) A child identified with a reasonable likelihood of having special educational needs shall be referred for an appropriate educational assessment (in accordance with §C, below). This assessment shall occur within 45 calendar days of the referral.

(6) The results of all this screening shall be reported to the home school ARD.

C. Assessment.

(1) The local education agency shall provide an appropriate educational assessment in the child's primary language for all children identified through established screening procedures as potentially in need of special education programs. This assessment shall consist of reading, math, spelling, written and oral language, and perceptual motor functioning, as appropriate.

(2) The following assessments shall be provided in addition to the required educational assessment as appropriate:

(a) An assessment of cognitive factors shall incluce one or more of the following: psychological, speech or language, or both, as appropriate, and shall be administered by a professional ce·tified in the specialty area by the State Department of Education;

(b) An assessment of emotional factors shall incluce one or more of the following: a psychiatric evaluation by a licensed psychiatrist, an evaluation by a certified or licensed psychologist, or a State Department of Education certified school psychologist;

(c) An assessment of physical factors shall include one or more of the following as appropriate: medical, ophthalmological, audiological, neurological. They shall be administered by individuals licensed in the respective specialty areas.

(3) Each assessment report shall include, in addition to any matters required by federal regulation:

(a) A description of behaviors which establishes the existence of a handicapping condition;

(b) A statement which describes, in terms of special education services needed, the child's performance as it deviates from developmental milestones, or general education objectives, or both, as appropriate.

(c) A statement of criteria used to establish the deviation of the child's behaviors from those of non-handicapped age mates which establishes the eligibility for special education services, and the criteria used to make the determinations required by §C(2)(a) and (b), above.

(d) The signature of the individual who has conducted the assessment.

(4) The results of the assessment shall be written and shall include patterns of development, learning, and behavior, as well as academic achievement.

(5) The assessment information is used by the Admission, Review, and Dismissal (ARD) Committee in carrying out its responsibilities for the determination of program placement.

(6) Any assessment may be waived, if a comparable assessment, in the opinion of the Admission, Review, and Dismissal Committee, has been completed during the 6 months before the time of the scheduled school assessment and made available to the school, provided the parents and local education agency have agreed to the waiver.

D. Record Keeping. The local education agency shall establish procedures to ensure the maintenance of a current census of all children, from birth through the age of 20, who require special education services. This census, and other such record keeping as required, shall be reported to the State Department of Education and maintained in accordance with the State and federal privacy standards.

.06 Programming.

A. Program Standards: Statement of Purpose, Philosophy, and Objectives.

(1) It shall be the responsibility of each educational agency to formulate a written statement describing the purpose, philosophy, and objectives of the program.

(2) This statement shall include the primary reasons for which the program is established and the goals toward which the program's efforts are directed. It shall be sufficiently explicit to facilitate an evaluation in terms of what the program is striving to accomplish and

the extent to which it is meeting the needs of the pupils who are enrolled.

(3) The statement of purpose, philosophy, and objectives shall be used as guidance on such matters as the educational needs and number of pupils to be served, the instructional programs to be offered, and the services to be provided pupils, as well as selection of faculty and staff, design and use of facilities, financing, and organization.

B. Days and Hours of Operation.

(1) A day of instruction for an individual pupil may be modified according to his age and unique educational needs only as determined by the Admission, Review, and Dismissal Committee.

(2) Each education agency shall develop a yearly calendar, before the opening date, which includes the dates for the opening and closing of school, days of instruction, holidays, vacations, and other pertinent events or activities in the schedule for the year. The yearly calendar shall be consistent with the required school year as defined in Education Article, §7-103, Annotated Code of Maryland, unless otherwise extended by the Admission, Review, and Dismissal Committee for an individual pupil.

C. Admission, Review, Dismissal Process.

(1) Each local education agency shall maintain an admission, review, and dismissal committee or committees, which serves with the authority of the local superintendent of schools, and is composed of the following:

(a) A chairperson designated by the local superintendent;

(b) Individuals who are familiar with the child's current level of functioning (these individuals shall include a special educator and interdisciplinary personnel from the local education agency and the local health department), and other public agencies, as appropriate.

(c) Others as deemed appropriate, such as individuals expected to become deliverers of direct service to the student.

(2) If a student is currently being served in a nonpublic school or State funded or operated institution, representatives from that program shall be invited to provide information relating to the student's educational needs. These representatives shall be informed 10 calendar days before scheduled meetings.

(3) The responsibilities of the committee or committees shall be as follows:

(a) Referral.

(i) To receive referrals for special education services within 30 calendar days of the completion of the assessment.

(ii) To identify personnel and arrange for appropriate assessment procedures in accordance with Regulation .05C, and review the results of these assessments.

(b) Placement.

(i) To determine all special education level placements within the local school system;

(ii) To recommend all nonpublic tuition placements to the State Department of Education in accordance with §F, below;

(iii) To designate individuals who will be responsible for developing the individualized education program within 30 calendar days of the committee placement decision;

(iv) To approve the individualized education program;

(v) To consider the logistics of transporting the student to the program when considering appropriate placements.

(c) Review.

(i) To review pupil progress based upon the individualized education program in accordance with §D, below;

(ii) To recommend modifications in the individualized educational program, as necessary;

(iii) To recommend dismissal from the special education program, if appropriate;

(iv) To review pupil placement decisions in cases where information not previously available is presented to the ARD Committee.

(4) Parents or guardians, and students as appropriate, shall be informed in writing in their primary mode of communication of their rights with respect to each of the following functions and responsibilities of the Admission, Review, and Dismissal Committee.

(5) The local education agency shall develop procedures for:

(a) Informing the parents or guardians in writing when the child is referred to the Admission, Review, and Dismissal Committee, at least 10 calendar days before the meeting;

(b) Securing written permission before assessment is initiated;

(c) Informing parents or guardians of the assessment results and the possibility of a special education program placement;

(d) Obtaining written permission for placement and for reporting this placement to the State Department of Education;

(e) Informing parents of the review schedules and process;

(f) Reviewing by the Admission, Review, and Dismissal Committee of information not previously available to the committee.

D. Individualized Education Program.

(1) The individualized education program is a written comprehensive outline for total special education services which describes the special education needs of the child and the services to be provided to meet those needs. The goals, objectives, activities and materials, shall be adopted to the needs, interests, and abilities of each student.

(2) The individualized education program shall be developed in a meeting by:

(a) A representative or representatives of the local education agency as designated by the Admission, Review, and Dismissal Committee;

(b) The parents or guardians;

(c) The child's teacher or teachers, the student, when appropriate; and

(d) When feasible, all other persons directly responsible for the implementation of the individualized education program.

(3) The individualized education program shall be developed before special education program placement is implemented, and it shall be approved by the ARD Committee, signed by the parents, and implemented no more than 30 school calendar days after its development.

(4) The individualized education program for each child shall include:

(a) A statement of the child's special education needs and present levels of educational performance;

(b) A statement of annual goals, including short-term instructional objectives;

(c) A statement of the specific special education and related services to be provided to the child, and the extent to which the child will be able to participate in general educational programs;

(d) The projected dates for initiation of services and the anticipated duration of the services; and

(e) Appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether the short-term instructional objectives are being achieved.

(f) None of the above shall be construed to cause any agency, teacher, or other person to be held accountable if a child does not achieve the growth projected in the annual goals or short term goals and objectives.

(5) Each local education agency's admission, review, and dismissal committee shall provide for a review of the progress of each child who is receiving special education services. This review of each child's progress shall be completed within 60 school days after the initial placement.

(6) If the review by the Admission, Review, and Dismissal Committee suggests that the initial placement was inappropriate or that different services would now benefit the child, or both, re-assignment or alteration in service shall be made as appropriate. The written consent of parents or guardians shall be secured in accordance with §C(5)(d), above.

(7) Additional review of the child's program shall occur at least annually thereafter and shall be conducted to determine the following:

(a) Whether the child has achieved the goals set forth in his individualized education program;

(b) Whether the child has met the criteria which indicate readiness to enter into a less intensive special education program level;

(c) Whether the program the child is in should be specifically modified to render it more suitable to the child's needs;

(d) A written summary of this review shall be made available to the parents of the child within 10 school days after the review is completed.

E. Services.

(1) Children with special needs shall be served in special education programs appropriate to their developmental level and educational needs. The Admission, Review, and Dismissal Committee in all cases shall verify the existence of an educational handicapping condition and its degree, based upon the assessment information available

(see Regulation .05C(3)(c), above). The individualized education program shall designate appropriate program level or levels placement. After determining initial program placement, the local education agency shall educate the child in the least restrictive appropriate educational program level. Students may be served concurrently at more than one program level. Students shall be served in compatible age, developmental, and instructional groupings. Separate schooling, self-contained classes, or other removal of the child with special needs from the general educational environment shall occur only when, and to the extent that, the student's special educational need is such that education in a less restrictive environment cannot be accomplished satisfactorily even with the use of supplementary aids and services. In making this determination the needs of other children in the classroom may be considered.

(2) Professionals may provide service concurrently at more than one program level. Caseloads shall be adjusted accordingly based upon the full time equivalent assignment. In establishing the individual professional caseload, consideration should be given to the individual education program of the students served by the professionals.

(3) A complete description of special education programs, services, and criteria for the child's eligibility shall be available to the public. The following shall constitute the levels of special education service:

(a) Level I may be considered appropriate for the child who has been identified through the educational assessment as having an educational handicap in one or more of the following areas: cognitive, emotional, physical, or all of these, and who may be appropriately served in the general education program receiving supplementary services. Level I is designed to assist the non-special education teacher in the development and implementation of a special education individualized education program through the provision of supplementary services which are not provided in the general program. Services provided include direct or indirect instructional consultation services to the teacher, or special materials, or both, and equipment. The minimum staffing ratio for Level I service shall be one full time equivalent professional for each 150 non-special education teachers employed by the local education agency.

(b) Level II may be considered appropriate for the student who has been identified through the educational assessment as having an educational handicap in one or more of the following areas: cognitive,

emotional, physical, or all of these, and who may be appropriately served by receiving service through the special education program not to exceed an average of 1 hour per school day. Level II is designed to provide a program of special educational intervention directly to the student. This level is designed to meet the special educational needs of the handicapped child who requires a degree of educational intervention not available in the general education classroom. Services are provided by a professional on an intermittent or continuous basis (for example, vision, speech, and language). The instruction may be given on an individual basis or in small groups. In addition, personnel serve as a resource to the teacher in suggesting activities which would enhance the student's achievement. The maximum case load for Level II service shall be an average of 60 handicapped students with special educational needs per each full time equivalent professional.

(c) Level III may be considered appropriate for the child who has been identified through the educational assessment as having an educational handicap in one or more of the following areas: cognitive, emotional, physical, or all of these, and who may be appropriately served by receiving special educational services not to exceed an average of 3 hours per school day. Level III is designed to provide periods of more intensive special educational services (for example, academic, vision, speech, language) on a regular basis. In addition, personnel serve as a resource to the teacher in suggesting activities which would enhance the student's achievement. The maximum case load for Level III services shall be an average of 20 different handicapped students with special educational needs per full time certified special education teacher or an average of 30 different handicapped students, if a full time aide is also provided.

(d) Level IV may be considered appropriate for the student who has been identified through the educational assessment as having handicaps in one or more of the following areas: cognitive, emotional, or physical, or all of these, and who may be appropriately served by receiving special educational services up to 6 hours per school day. Level IV is designed to provide a special class within a general education facility in which a student receives most or all of his basic educational program. Services include special education provided by a special education teacher, and related services as described in the individualized education program (IEP). The student shall participate in the general program as appropriate and shall have access to other supplementary services consistent with those provided to stu-

dents in the general education program. The maximum class size for Level IV service at the elementary level shall be an average of 10 handicapped students with special educational needs per full time teacher or an average of 13 students if a full time aide is also provided. The maximum class size for Level IV service at the secondary level shall be an average of 12 students with special educational needs per full time certified special education teacher or an average of 15 students, if a full time aide is provided.

(e) Level V may be considered appropriate for the student who has been identified through the educational assessment as having a handicapping condition in one or more of the following areas: cognitive, emotional, or physical, or all of these, and who requires a comprehensive special education setting for his entire school day in a special wing, or day school. Services are provided in a comprehensive special education setting which includes special equipment and related services. The maximum class size for Level V service for handicapped children shall be an average of six handicapped students with special educational needs per full time certified special education teacher or an average of 9 if a full time aide is provided. The maximum class size for Level V service for children with significant physical impairments shall be an average of 7 handicapped students per full time certified special education teacher and a full time aide.

(f) Level VI may be considered appropriate for the student who has been identified through the educational assessment as having a handicap in one or more of the following areas: cognitive, emotional, or physical, or all of these, and who requires 24 hour special education programming and personal care. Level VI is designed to provide instruction or treatment, or both, on a short or long-term basis in a residential setting, which includes a comprehensive special education program, special equipment, related services and 24-hour personal care. The maximum class size for Level VI service shall be an average of 4 handicapped students with special educational needs per full time certified or licensed professional or an average of 7 per class where an aide is present.

(4) Other Program Provisions.

(a) Home and hospital instruction is designed to provide short-term itinerant instructional services to students with physical disabilities or in emotional crisis. Services provided include:

(i) Instructional service to the student who is being maintained at home or in a hospital for purposes of convalescence or treat-

ment, and is restricted by a physician for reasons of physical health from attending a school-based program. The period of time this program will be provided shall vary with the severity of the medical restrictions.

(ii) Instructional service to a student in emotional crisis who is being maintained at home or in a hospital shall be available only on an emergency basis. This service may not exceed 60 consecutive school calendar days (minimum of 6 hours/week) pending placement in an established educational program.

(b) Early childhood programs are designed to provide a program of educational intervention directly to the handicapped child from birth through 4 years old, to the parent, or both. Levels of service as delineated above shall be available as appropriate. In addition, parent-infant programs using itinerant personnel may be provided. The itinerant teacher serves as a resource to the parent in suggesting activities which would enhance the child's development. The maximum case load for parent-infant service shall be 10 families to each full-time equivalent professional.

F. Nonpublic Institutions and Child Placement Approval Authority.

(1) The placement of handicapped children into programs offered by approved nonpublic institutions shall be in accordance with Education Article, §8-409, Annotated Code of Maryland, and the requirements in these regulations. All placements shall be for a period of not more than 1 year ending June 30 of each year and are to be reviewed annually.

(2) Program Placement Approval.

(a) A handicapped child may be considered for placement into a nonpublic special education program when it is shown that an appropriate program of special education and related services for the child are not available in the local education agency or available free of charge in an appropriate State operated program. The services that are unavailable in the local school systems are provided as part of a special education program in an approved nonpublic institution. A determination that the necessary program is not available shall take into account all free special education services provided by other local or State agencies, or both, providing services are within commuting distance from the child's place of residence.

(b) The placement of a child in such an approved nonpublic special education program shall occur in a manner consistent with

the identification, assessment, and placement of other handicapped children within the responsible local education agency. A child recommended for nonpublic placement shall be afforded all the rights provided by State and federal laws and their governing regulations.

(c) A handicapped child may be approved for nonpublic school program placement by the State Department of Education in accordance with these regulations, subject to the provisions of §F(4) and (5). If a placement requires a State contribution under Education Article, §8-417.3(d)(2), Annotated Code of Maryland, the State Department of Education shall have the authority, subject to the provisions of this regulation, to determine the nonpublic institution into which a child's placement may be approved, to approve the placement of a child into the program offered by that nonpublic institution, to approve the cost of the program, and to establish and authorize the allowable amounts of payment or reimbursement. If a nonpublic placement is recommended or requested after the beginning of a year and would require an additional State contribution under Education Article, §8-417.3(d)(2), Annotated Code of Maryland, or if the annual cost of tuition would require a State contribution, the placement shall be subject to State Department of Education approval in accordance with Education Article, §8-409, Annotated Code of Maryland, and this regulation.

(d) In providing or arranging for special education services in an approved nonpublic special education program, the parents or guardians of the child shall be required to pay the following (in accordance with their ability to pay as determined by the State Superintendent of Schools): an amount reasonably estimated to represent other costs which would normally be incurred by parents or guardians in caring for a child enrolled in a local public school and living at home.

(e) When it has been determined by the local ARD Committee, on the basis of verified evidence that a child should not attend the appropriate local public school system special education program because of the condition of the child's home circumstances, the local education agency may approve the placement of a youngster in an alternate special education program in cooperation with the child's family and the appropriate State or local agency responsible for the child's care and may authorize the reimbursement of the cost of the education program up to the amount equivalent to the cost of the school program he would have attended while living at home. The local education agency and the State Department of Education shall seek the support of other local and State agencies to provide any additional funds for the placement.

(3) Placement Eligibility Criteria.

(a) The child is determined by State-approved LEA procedures to be a handicapped child who is eligible for Level V services or a child eligible for Level VI services.

(b) The responsible LEA or State and local agencies, or both, singularly or in combination, cannot offer the appropriate special education and related services required to provide an appropriate program for the child.

(c) The child is being recommended for placement into a nonpublic special education program that is appropriate to his verified educational needs and in the least restrictive appropriate setting.

(d) The LEA and parents, guardians, or surrogate shall adhere to the requirements of the appropriate State and federal laws, regulations, administrative guidelines, and procedures set forth in administering the approval of a child's placement into a nonpublic special education program.

(4) Special Regulations Applicable to Certain Nonpublic Placements.

(a) This subsection applies to the approval of the placement of a child in a nonpublic program which meets both of these requirements:

(i) The cost of the program does not require a contribution from the State in addition to that specified under Education Article, §§8-417.2(d)(2) and 8-417.3, Annotated Code of Maryland; and

(ii) The program is located in or within daily commuting distance from the child's place of residence.

(b) Notwithstanding other provisions of §F of this regulation, local education agencies shall work cooperatively with nonpublic schools providing programs meeting the requirements of §F(4)(a) of this regulation. A local education agency may approve the placement of a handicapped child in a nonpublic facility that provides an appropriate program of special education services as defined in Regulation .02C for the child and meets the requirements of §F(4)(a). The State Department of Education will approve such a placement approved by the local education agency unless the State Department of Education identifies and approves a different placement (which the State Department of Education may require the local education agency to establish) upon the basis of a determination by the State Department of Education that the different placement will provide the child appropriate education, that is less costly and provided in a less restrictive environment.

(c) A child who has been or is approved by the State Department of Education for a nonpublic placement meeting the requirements of §F(4)(a) for the 1977-78 school year will continue to be approved for the same placement from year to year thereafter, as long as the nonpublic program continues to meet the requirements of §F(4)(a), unless and until the local education agency or the State Department of Education identifies and approves a different placement (which the State Department of Education may require the local education agency to establish) upon the basis of a determination that the different placement will provide the child with an appropriate education that is less costly and provided in a less restrictive environment.

(d) The State Department of Education will not disapprove any nonpublic placement approved for a child by the local education agency pursuant to §F(4)(b) or (c) on the ground that the potential exists for the local education agency to establish an equally appropriate program for the child.

(e) If the State Department of Education disapproves a nonpublic placement approved by a local education agency under §F(4)(b) or (c) on the ground that some other placement will provide the child with an appropriate program which is less costly and/or provided in a less restrictive environment, its determination in that regard will be subject to appeal by the parents or the local education agency under the State-level hearing procedures hereinafter set forth. At this hearing, the State Department of Education shall bear the burden of proving that the other placement will provide the child with an appropriate program which is less costly and provided in a less restrictive environment.

(f) When a new placement is under consideration for a handicapped child, the State Department of Education will approve placement in a non-public program that does not meet the requirements of §F(4)(a) only if it is shown that a free appropriate program is not available for the child in any local public facility or in a nonpublic facility meeting the requirements of §F(4)(a). Children who are presently placed in nonpublic programs that do not meet the requirements of §F(4)(a) may be transferred to fill vacancies arising in local public facilities providing free programs or in nonpublic facilities meeting the requirements of §F(4)(a) if:

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(i) The public or nonpublic facility to which the child is to be transferred is staffed and equipped to provide an appropriate program for the child and the public or nonpublic agency that operates the facility concurs in the proposed placement; and

(ii) The transfer of the child will not have serious adverse effects upon the child's education or physical, emotional, or cognitive development.

(5) Procedures.

(a) Applications for approval of nonpublic placements will be made on forms prescribed by the State Department of Education. The forms and documentation required by the State Department of Education will be forwarded by the local education agency to the State Department of Education together with the recommendations of the local education agency and any approvals or disapprovals of placements sought under §F(4)(b) and (c), within times prescribed by the State Department of Education. The local education agency shall notify the parents, guardians or surrogates of these recommendations and approvals or disapprovals and the identity of all documents supplied to the State Department of Education, and shall supply parents, guardians or surrogates with copies of all recommendations, approvals, disapprovals and documents, upon request, at actual cost. Parents, guardians or surrogates may supply the State Department of Education with additional information or documentation if they wish to do so.

(b) Parents, guardians or surrogates will be advised or their hearing rights under this paragraph and under Regulation .07. If requested, parents, guardians, or surrogates shall be entitled to local level review under Regulation .07A with respect to recommendations or decisions of the local education agency regarding nonpublic placements, but the decision at the local level hearing shall be subject to approval or disapproval by the State Department of Education under this section. If this local level review is not requested, forms and documentation shall be forwarded directly to the State Department of Education as provided in §F(4)(a), above, for approval or disapproval by the Department under this section. The decisions of the State Department of Education with respect to nonpublic placements under this section shall be subject to State level procedures prescribed by Regulation .07B, whether or not the decision was preceded by a local level hearing.

(c) The disapproval of a nonpublic placement that has been approved previously by the State Department of Education may not be effective for a subsequent year until applications for administrative and judicial review prescribed by 20 USC 1415 or Education Article, §8-415, Annotated Code of Maryland, if any, have resulted in a final decision.

G. The "Maryland State Plan for Part B of the Education of the Handicapped Act, Fiscal Years 1984—86," is adopted through incorporation by reference.

.07 Hearing Procedures.

The following procedures are established to assure that handicapped children and their parents or guardians are guaranteed procedural safeguards with respect to their right to free appropriate public education.

A. Local Hearing Procedures.

(1) Each local education agency shall cooperate with parent(s) or guardian(s), or both, of handicapped children who are enrolled in or are in need of special education programs in all matters pertaining to the education and welfare of the child and in the full evaluation and exploration of educational placements for the child. The local education agency shall establish and implement hearing procedures when a request is made in writing, to review the identification, evaluation, or educational placement of the child or the provision of a free appropriate public education to the child.

(2) The local education agency through the responsible officials shall provide notice to the parent(s) or guardian(s) of a child in writing, which shall be in the parent's or guardian's native language (other than English if necessary and feasible), either delivered personally or mailed by first class mail, postage prepaid, directed to their address as shown on the records of the school system in the following circumstances. Notice and consent by the parent(s) or guardian(s) are required before initiating assessment procedures, before initial placement of a child in a program providing special education and related services, and before transferring a child from one program of special education to another significantly different program. Notice is also required in any other case in which the local education agency:

(a) Proposes to initiate or change; or

(b) Refuses a request by parent(s) or guardian(s) to initiate or change, the identification, evaluation, or educational placement of

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the child or the provision of a free appropriate education for the child. Except in emergency situations governed by §A(3), below, the parent(s) or guardian(s) who so request shall be given the opportunity to participate in an informal placement conference at a time before the implementation of any proposed placement action. These conferences may be scheduled either before or after formal notice is issued. In emergency situations governed by §A(3), below, an opportunity to participate in an informal conference immediately following the implementation of any emergency proposed placement action shall be afforded to the parent(s) or guardian(s). This requirement of an opportunity to consult should not be interpreted as inhibiting or discouraging earlier or more frequent consultations.

(3) The notices required by §A(2) shall be mailed at least 20 calendar days in advance of the proposed action except in emergency situations, where, in the opinion of one or more local school officials at the principal level or higher, immediate implementation of a proposed placement action is necessary to protect the health or safety of the child or of other persons. In emergency situations, the notices shall be furnished as soon as possible, but not later than the second school day following the placement action. A hearing will be scheduled within 20 calendar days, when requested by the parent(s) or guardian(s). The schedule for the decision and implementation shall be in accordance with §A(9).

(4) The notice of the proposed placement action required by these regulations shall contain the following:

(a) A description of the proposed placement action and its effective date;

(b) A clear and concise statement of the reasons for the proposed action and a listing of any other possible appropriate actions, and a description of the records used as a basis for the decision;

(c) A statement that the parent(s) or guardian(s) have the right to be heard with regard to the proposed action by the person or persons designated as responsible for conducting a hearing;

(d) A description of the procedure for requesting this hearing, including an explanation that this hearing may be requested.

(e) A general statement of the procedures applicable to these hearings, including specific reference to the rights afforded by this regulation and a statement that a complete copy of these regulations may be obtained at the local education agency office.

(5) Parent(s) or guardian(s) shall have the right to inspect and copy at reasonable times, both before any hearing and otherwise, all records of the local educational agency and its agents and employees, pertaining to the child, including all tests or reports upon which the proposed action may be based, and such other relevant records pertaining to the proposed action as the school system may deem relevant.

(6) Rights to Legal and Professional Assistance.

(a) Parent(s) or guardian(s) shall have the right to be represented by counsel or other individuals at any stage during the hearing process.

(b) Parent(s) or guardian(s) shall have the right to obtain an independent assessment of the child, the expense to be borne in accordance with applicable federal regulations. Parent(s) or guardian(s) shall also have the right to obtain independent assessment at private expense. The results of these assessments shall be considered by the local education agency in any placement decision and may be presented as evidence at a hearing under §A(7).

(c) The local education agency shall provide to parents, on request, information about where an independent assessment may be obtained.

(d) The local education agency shall inform the parent of any free or low-cost legal or other relevant services available in the area.

(7) Hearings held pursuant to these regulations shall be conducted in accordance with the following minimum requirements:

(a) Parent(s) or guardian(s) shall have the opportunity to present competent and relevant evidence, including but not limited to the results of independent assessments, both in documentary form and through witnesses. The local education agency may not be required to bear the responsibility for any fees which may be charged for evaluations or representation except as provided in these regulations and applicable federal law and regulations and locally established policy.

(b) Procedures shall be adopted affording parent(s) or guardian(s) the opportunity to require the attendance and testimony of employees of the local education agency who may have direct knowledge pertinent to the subject to the inquiry. In requiring employees to testify, parties to the hearing shall give consideration to minimizing interference with the regular duties of employees.

(c) Parent(s) or guardian(s) shall be afforded the opportunity to question witnesses called by the local education agency.

(d) A person who was directly responsible for the recommendation of the proposed action, or who has furnished significant advice or consultation in reference to the recommendation, may not serve as a hearing officer or member of a hearing panel. The hearing officer, or persons included on the hearing panel, shall be knowledgeable in the fields and areas of significance to the educational review of the child. A hearing conducted pursuant to these regulations may not be conducted by the school board or by an individual who is an employee of the agency involved in any capacity other than as a hearing officer or who has any interest conflicting with objectivity.

(e) The hearing shall be closed unless the parent(s) or guardian(s) request that the hearing be open. All persons present shall be identified for the record at the initiation of the hearing. Parents have the right to have their child attend.

(f) The local education agency shall arrange for a tape recording or other record of the hearing unless all parties agree that this record need not be made. Tape recordings or written records shall be made available upon request to parent(s) or guardian(s) appealing the decision at no more than the actual cost of duplication.

(g) The decision of the hearing officer or panel shall be based on the testimony and documented information on the record at the hearing before the hearing officer.

(h) It shall be the initial responsibility of the party proposing any action to present evidence which supports its appropriateness. Evidence opposing the action shall then be presented. The responsibility for explaining the initial placement recommendation shall be upon the local education agency. A placement shall be deemed appropriate if it provides special education and related services which:

(i) Are provided at public expense, public supervision and direction, and without charge;

(ii) Meet the standards of the State educational agency;

(iii) Are provided in conformity with the individualized education program;

(iv) Meet the educational needs of the child; and

(v) Cannot be provided in any significantly less restrictive programs which would satisfy these needs equally well.

(i) The hearing officer or panel may request an independent assessment, which shall be at public expense.

(j) Parties shall have the right to prohibit the introduction of any evidence at a hearing that has not been disclosed to that party at least 3 days before the hearing.

(8) After a hearing has been requested and held in the manner provided, the parent(s) or guardian(s), or upon their request, their counsel or representative of record, shall be informed in writing of the final decision, including a statement of the findings and conclusions upon which it is based. The findings and conclusions in any placement decision shall:

(a) Specify the nature and severity of any handicaps the child has;

(b) Specify any special educational needs the child has as a result of those handicaps;

(c) Specify any modification of the child's individualized education program required to provide the child with an appropriate program to meet those needs, pursuant to §A(7)(h), above; and

(d) Identify a placement that will provide the child with the required appropriate program. The parent(s) or guardian(s) or their counsel or representative shall also be informed of their right to appeal, and the procedure for taking that appeal to the next highest authority. The hearing shall be held and the decision shall be made and written notice thereof provided within 45 calendar days from the request for the hearing. The hearing officer may grant an extension beyond this time-period at the request of either party, but the time may not be extended beyond 60 days.

(9) When a hearing is requested by parent(s) or guardian(s) concerning a proposed placement action and the child is at the time enrolled in a free educational program, the local education agency may not effect any change in the child's placement status without the consent of the parent(s) or guardian(s), or pursuant to a decision of the hearing officer or panel, whichever occurs first, except in emergency situations determined in accordance with Regulation §A(3), above. The decision of the hearing officer or panel shall be implemented as soon as possible but not sooner than 14 school days or later than 30 school days after the decision; provided, that during the pendency of appeals pursuant to §B(2), and B(11), below, unless the State or local education agency and the parent(s) or guardian(s) otherwise agree,

the child shall remain in the then current educational placement of this child.

(10) When a hearing is requested concerning a proposed placement action and the child is not currently receiving free educational services, the child shall placed immediately if the parents consent, and a special expedited hearing schedule shall apply. In these cases, the hearing shall be held 20 calendar days of request thereof; a written decision shall be issued within 15 calendar days of the hearing; and the decision shall be implemented within 15 school days of the decision unless specifically stayed pending appeal or otherwise by the hearing officer or panel; provided, that during the pendency of appeals pursuant to §B(2) and B(11), below, unless the local education agency and the parent(s) or guardian(s) otherwise agree, the child shall remain in his or her then current educational placement, or, if the child is not yet receiving free educational services either because the parents did not consent to immediate placement pursuant to this subsection or for any other reason, the child shall be placed in the local public school program until all these appeals have been concluded, if the parent(s) or guardian(s) consent.

(11) In any disciplinary case initially deemed to warrant suspension or expulsion pursuant to Education Article, §7-304, Annotated Code of Maryland, if credible evidence is presented as a result of the investigation provided for in Education Article, §7-304, Annotated Code of Maryland to the local education agency indicating that the child may be handicapped and eligible for placement in a special education program, an evaluation of this child shall be initiated within 10 school days thereafter at the direction of the local education agency. An independent evaluation may be obtained by the parent(s) or guardian(s) of the child at their own expense. These evaluations shall be considered by the Admission, Review, and Dismissal Committee. If it is established that the child is handicapped and that the handicapping condition was a significant cause of the behavior which prompted the disciplinary action, then any suspension or expulsion shall be reconsidered forthwith and further action with regard to placement of the child shall be considered and taken in accordance with these regulations. In all other respects, neither the provisions of §A(3), (9), and (10) thereof relative to the implementation of proposed placement actions in emergency situations nor the aforegoing, shall affect the continuing effectiveness of any action properly taken in the disciplinary proceedings pursuant to Education Article, §7-304, Annotated Code of Maryland, pending further action with regard to possible placement in a special education program in accordance with these regulations.

(12) Each board of education shall develop hearing procedures which, at a minimum, meet the requirements of these regulations and of appropriate federal regulations. If local procedures are not established within 60 days of the effective date of these regulations, these regulations, and appropriate federal regulations shall apply directly in lieu of locally adopted procedures and until these procedures are adopted in accordance with these regulations.

B. State Hearing Procedures.

(1) When all local procedures for providing special education programs for a handicapped child by the local education agency have been exhausted, the local education agency or the parent(s) or guardian(s) of the child may request in writing from the State Board of Education a review of the case as it relates to the identification, evaluation, or educational placement of the child or the provision of a free appropriate public education to the child. Any request for a review shall occur within 30 calendar days of the final decision of the local school system. Hearings regarding State Department of Education approval of non-public placements shall initiate at the State level. Requests for these hearings shall be made within 30 days following the decision of the State Department of Education. In cases which initiate at the State level, contents of notice requirements shall be as described in §A(3), above. The procedure established here shall be administered by the State Department of Education.

(2) Upon receipt of a written request for review, the State Department of Education shall provide an official application to the parent(s) or guardian(s) or local education agency.

(3) Review Hearing.

(a) The decision of the State Hearing Review shall be rendered not later than 30 days after the receipt of the official application and supporting documents, including all education records of the child. A hearing or review officer may grant specific extensions of time beyond the 30-day period but the time may not be extended beyond 60 days.

(b) The notice of the hearing shall include the time, date, and place at which the review hearing will occur.

(4) Parent(s) or guardian(s) shall have the right to inspect and copy, at reasonable times all records of the State and local education

agency, its agents and employees, pertaining to the child, including all documents which will be considered by the hearing review board.

(5) Parent(s) or guardian(s) shall have the right to be represented by counsel or other individual(s) at any stage during the hearing process.

(6) The hearing shall be closed unless the parent(s) or guardian(s) request that the hearing be open. Persons present at the request of the parent(s) or guardian(s) or the local board of education shall be identified at the initiation of the hearing. Parents have the right to have their child attend.

(7) Formal Hearing Procedures.

(a) The hearing Review Board, at the scheduled time, date, and place, may hear testimony from either of the parties pertaining to issues before it. Each side will be afforded a reasonable time to present its case.

(b) The decision of the Hearing Review Board shall be based on the information presented on the record at the State hearing.

(c) Parties to the hearing shall have the opportunity to present competent and relevant evidence, both in documentary form and through witnesses, and to require the attendance of State Department of Education and local school system employees who may have knowledge pertinent to the subject matter of the hearing.

(d) Parties to the hearing shall be afforded the opportunity to question and cross examine witnesses called by the hearing review board or any other party at the hearing.

(e) Parties shall have the right to prohibit the introduction of any evidence at a hearing that has not been disclosed to that party at least 5 days before the hearing.

(f) Transcriptions of the proceedings shall be made available at a reasonable cost to the parent(s) or guardian(s), and local superintendent of schools within 45 calendar days. All requests for transcriptions shall be made in writing to the State Superintendent of Schools.

(8) A person may not serve as a hearing officer or member of a hearing review board who is a member of the local school board or an employee of an agency involved in the education or care of the child, or a full-time employee of the State Department of Education, or a member of the State Board of Education. A person may not serve as a member of a hearing review board who has participated in the pre-

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vious assessment evaluation, provision of educational services, or in the decision process to deny services made by the local education agency, or who has an interest conflicting with objectivity. The hearing review board shall consist of not less than three persons knowledgeable in the fields and areas significant to the educational review of the child. A chairperson of a hearing review board shall be knowledgeable in the field of special education and shall be appointed by the State Superintendent of Schools.

(9) The hearing review board shall:

(a) Examine the entire hearing record;

(b) Insure that the procedures at the local hearing were consistent with the requirements of due process;

(c) Seek additional evidence if necessary;

(d) Have the authority to confirm, modify, reject, or prescribe alternate special education programs for the child based on the record before the Hearing Review Board.

(10) The hearing review board shall have authority to require a complete and independent assessment, evaluation, and determination of educational programs by qualified persons, the cost of which shall be paid by the State Board of Education.

(11) A final decision shall be rendered by a majority of the hearing review board members. The decision shall specifically enumerate the findings and conclusion of the hearing review board. The chairperson shall report the decision in writing and signed by the members of the hearing review board to the State Department of Education within 5 calendar days following the hearing.

(12) The decision made by the reviewing official is final, unless a party brings a civil action.

(13) The State Superintendent of Schools or his designee shall notify the applicant in writing of the State hearing review board's decision, within 5 calendar days after the rendering of the decision by the hearing review board.

(14) An appeal of the decision of the hearing review board may be made to the circuit court for the county in which the child resides or, if the child resides in Baltimore City, to any one of three common law courts of the Supreme Bench as provided by law. An appeal may also be made to a district court of the United States without regard to the amount in controversy. If the decision of the hearing review board

is not fully implemented, the aggrieved party may enforce it through a proceeding in the appropriate court.

.08 Parent Surrogates.

A. Section 8-414 of the Education Article, Annotated Code of Maryland, requires that parent surrogates be provided for children under certain circumstances. Public agencies responsible for providing special education services to handicapped children should establish and maintain policies and procedures for the recruitment, training, assignment, and reimbursement, if necessary, of parent surrogates consistent with this regulation.

B. Definitions. In this regulation, the following terms have the meanings indicated:

(1) "Parent" means:

(a) A child's natural parents;

(b) A guardian;

(c) A person acting as a parent of a child such as a relative or a step-parent with whom a child lives, including those relatives or step-parents who are foster parents; or

(d) Any other individual who is legally responsible for a child's welfare;

(e) "Parent" does not include a social worker or a foster parent except as provided in §B(1)(c), above, unless appointed as a parent surrogate.

(2) "Educational decision making process" means all procedures relating to the identification, evaluation, or educational placement of a child and the provision of a free appropriate public education, including the appeal procedures provided for in Regulation .07.

(3) "Parent surrogate" means a person who is appointed by the State Superintendent to act in place of a parent of a child in the educational decision making process.

(4) "Public agency" includes the State Department of Education, local education agencies, and other agencies that are responsible for providing education to handicapped children, including the Department of Health and Mental Hygiene, the Mental Hygiene Administration, the Mental Retardation/Developmental Disabilities Administration, the Juvenile Services Administration, and the Maryland School for the Deaf. For the purpose of this regulation, the Maryland School for the Blind shall be considered a public agency.

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(5) "Reasonable efforts" to identify and locate the parents and encourage participation by the parents in the educational decision making process include some combination of the following, as appropriate:

(a) Contacting the agency with responsibility to care for the child, known relatives of the child, and other persons interested in the child;

(b) Making telephone calls to the parent;

(c) Sending general delivery and certified letters with return receipt to the parent;

(d) Visiting the parent;

(e) Giving timely notices to the parent of meetings;

(f) Scheduling meetings at a mutually agreed on time and place;

(g) Fully explaining to the parent his or her rights in the special education decision making process; and

(h) Arranging for interpreters for the parent who is deaf or whose native language is other than English.

(6) "Unavailable" means that a public agency, after reasonable efforts, cannot discover the physical whereabouts of the child's parent.

(7) "Unknown" means that a public agency, after reasonable efforts, cannot identify the child's parent.

(8) "Voluntary consent" means written voluntary consent given by the parents of a child for the State Superintendent to appoint a parent surrogate for the child, in accordance with §C(2), below.

(9) "Ward of the State" means a child for whom a State or county agency or official has been appointed legal guardian, or who has been committed by a court of competent jurisdiction to the legal custody of a State or county agency or official with the express authorization that the State or county agency or official make educational decisions for the child.

C. Child Eligibility Criteria.

(1) A public agency shall request that the State Superintendent appoint a parent surrogate to represent a child in the educational decision making process when the child is under age 21 and has been determined through appropriate procedures (see Regulation .05C) to be handicapped and in need of special education or is believed to be handicapped and in need of special education, if the:

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(a) Child is a ward of the State; or

(b) Parents of the child are unknown or unavailable.

(2) A public agency, after reasonable efforts to encourage participation by the child's parents in the educational decision making process, may request that the State Superintendent appoint a parent surrogate if a child is in the care and custody of a State or county agency or official and the parents of the child have voluntarily given written consent for the appointment of a parent surrogate, under the following circumstances:

(a) Neither parent can participate in the educational decision making process for their child due to prolonged hospitalization or institutionalization of the parent or parents;

(b) Neither parent can participate in the educational decision making process for their child due to a prolonged serious illness or infirmity of the parent or parents;

(c) Neither parent can participate in the educational decision making process for their child due to extraordinary circumstances beyond the control of the parent or parents;

(d) Neither parent has participated in the educational decision making process for their child after repeated attempts to involve them over a long period of time.

D. Application for Appointment of Parent Surrogate. Any request to the State Superintendent for the appointment of a parent surrogate under §C, above, shall include:

(1) The name, date of birth, sex, legal domicile, and present residence of the child;

(2) A statement that the child is eligible for the appointment of a parent surrogate in accordance with §C, above;

(3) Documentation, as applicable, of the efforts made to identify the parent if unknown or to locate the parent if unavailable, or the voluntary written consent of the parent for the appointment of a surrogate and documentation of the circumstances listed in §C(2), above; and

(4) The name and qualifications of the proposed parent surrogate whom the public agency considers to be qualified to represent the child in the educational decision making process.

E. Parent Surrogate Qualifications.

(1) The public agency requesting the appointment of a parent surrogate shall insure that the person proposed has:

(a) No interest that conflicts with the interest of the child to be entrusted to that person; and

(b) Knowledge and skills that insure adequate representation of the child. Training in the knowledge and skills necessary to insure adequate representation shall be provided to the proposed parent surrogate, if needed, by the public agency making the proposal.

(2) A parent surrogate may not be an employee of a public agency involved in the education of the child entrusted to that parent surrogate.

F. Appointment of Parent Surrogate.

(1) When a public agency files a request for the appointment of a parent surrogate, the State Superintendent shall appoint a parent surrogate if the Superintendent finds that:

(a) The child is eligible for the appointment of a parent surrogate in accordance with §C, above; and

(b) The proposed parent surrogate is qualified to represent the child in the educational decision making process in accordance with §E, above.

(2) If the State Superintendent finds that the child is not eligible for the appointment of a parent surrogate in accordance with §C, above, the Superintendent shall notify the requesting public agency of this finding and specify the reasons in writing.

(3) If the State Superintendent finds that the proposed parent surrogate is not qualified to represent the child in the educational decision making process in accordance with §E, above, or this section, the Superintendent may:

(a) Request the public agency to propose another parent surrogate who is qualified; or

(b) Select and appoint a parent surrogate who is qualified.

(4) The State Superintendent shall make a final selection or rejection of a parent surrogate within 10 days after he receives a request which includes appropriate eligibility documentation, in accordance with §D, above, from a public agency.

G. Term of Appointment.

(1) Once appointment is approved by the State Superintendent of Schools, the child entrusted to the parent surrogate shall be represented by that person in the educational decision making process until the child is no longer in need of special education or until the parent of the child resumes responsibility for representing the child in the educational decision making process.

(2) A parent surrogate may resign his or her responsibility at any time and should give the public agency sufficient notice so that a new parent surrogate may be appointed to represent the child.

H. Termination.

(1) A public agency may request the State Superintendent of Schools to terminate the appointment of a previously assigned parent surrogate if the public agency determines that the person:

(a) Is not properly performing the duties of a parent surrogate; or

(b) Has an interest that conflicts with the interest of the child entrusted to the parent surrogate.

(2) When a public agency requests that the State Superintendent of Schools terminate the appointment of a person as a parent surrogate that agency should state the reasons for the action and submit the name and qualifications of another person who is proposed to be assigned as the new parent surrogate.

I. Immunity From Civil Liability.

(1) A parent surrogate is not liable to the child entrusted to that parent surrogate or to the parent of the child for any damages that result from acts or omissions of that parent surrogate constituting ordinary negligence.

(2) This immunity does not apply to liability covered by any applicable insurance, to the extent of that coverage, or to acts or omissions constituting gross, willful, or wanton negligence.

Administrative History

Effective date: March 5, 1975 (2:9 Md. R. 666)
Chapter revised effective June 25, 1975 (2:14 Md. R. 1020)
Regulation .15E amended effective August 18, 1976 (3:17 Md. R. 916)

Chapter revised effective May 19, 1978 (5:10 Md. R. 782)
Regulation .06F amended effective November 2, 1979 (6:22 Md. R. 1780)

Regulation .06F amended effective August 27, 1984 (11:17 Md. R. 1493)
Regulation .06G adopted effective July 13, 1979 (6:14 Md. R. 1209); amended effective June 27, 1980 (7:13 Md. R. 1280); June 7, 1983 (10:11 Md. R. 977); March 24, 1986 (13:6 Md. R. 683); June 30, 1986 (13:13 Md. R. 1493); April 6, 1987 (14:7 Md. R. 833); November 2, 1987 (14:22 Md. R. 2340)
Regulation .08 adopted effective October 25, 1982 (9:21 Md. R. 2107)

Annotation: COMAR 13A.05.01 cited in Attorney General Opinion No. 82-034 (November 18, 1982)

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TITLE 13A

STATE BOARD OF EDUCATION

APPENDIX D

Subtitle 04 SPECIFIC SUBJECTS

Chapter 15 AIDS Prevention Education

Authority: Education Article §§2-205(h) and 7-401, Annotated Code of Maryland

.01 General.

A. Acquired immune deficiency syndrome (AIDS) is a major health problem for which no cure or effective treatment has been found, and AIDS education is critical in preventing the spread of AIDS.

B. Notwithstanding the provisions contained in COMAR 13A.04.01, local school systems shall provide annual instructions in acquired immune deficiency syndrome to all students at least once in grades 3 to 6, in grades 6 to 9, and in grades 9 to 12.

C. Each local board of education shall determine the three grades between 3 and 12 at which all students are to receive instruction.

D. Students may be excused from the instructional unit on AIDS prevention upon a written request from their parents or legal guardians. For those students excused from the unit, each local school shall provide other worthwhile learning activities in another health-related area. When practical, curricular materials may be made avaiable by the school system for home instruction use by parents or guardians of students excused from AIDS prevention instruction in the school.

E. Content and curricular topics shall be appropriate to the age, interests, and needs of the students, giving particular regard to students at the early learning level. Pursuant to instructional guidelines developed by the Maryland State Department of Education and as appropriate for the age of the students, curricular topics shall include:

(1) The definition and description of AIDS;

(2) Symptoms and complications associated with AIDS and related disorders;

(3) Means by which human immunodeficiency virus (HIV) is transmitted;

(4) Diagnosis and treatment of AIDS;

(5) Methods for prevention of the spread of AIDS; and

(6) Information on the available research concerning AIDS.

.02 Curriculum Development and Review.

A. Each local school system shall develop curriculum in AIDS prevention eduation in consultation with the local health department and may use resources available from the Maryland Department of Health and Mental Hygiene and the Maryland State Department of Education.

B. Each local school system shall use an existing committee or appoint a committee comprised of educators, representatives of the community including parents or guardians of children enrolled in a public school program, and the local health department which shall examine all printed and audiovisual materials and computer software proposed for use in the AIDS prevention education curriculum. Recommendations from this committee shall be submitted to the local superintendent of schools and the local board of education for final action. All aspects of the curriculum shall be reviewed by the commitee at least annually to assure that it is accurate and current.

.03 Teacher Training.

School staff selected to teach AIDS prevention curricular topics in the classroom shall receive inservice education before initiating instruction with students, and annually after that. The content of the inservice education program should be designed in consultation with the local health department.

.04 Staff Awareness Program.

Personnel employed by the local school system shall be provided annually with information or an awareness program about AIDS and its prevention. The information or awareness program should be developed in consultation with the local health department.

.05 Parent Awareness Program.

Each local school system should make an effort to provide information about AIDS to the parents of children enrolled in public school programs. The information or awareness program should be developed in consultation with the local health department.

.06 Implementation.

In September 1988, each local superintendent of schools shall certify in writing to the State Superintendent of Schools that the school system has complied with all provisions of this chapter.

Administrative History

Effective date

Regulations .01 - .06 adopted as an emergency provision effective October 6, 1987 (14:22 Md R 2336), emergency status expired April 6, 1988 (Emergency provisions are temporary and not printed in COMAR)

Regulations .01 - .06 adopted effective May 2, 1988 (15:9 Md R 1110)

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Title 13A
STATE BOARD OF EDUCATION

Subtitle 04 SPECIFIC SUBJECTS

Chapter 01 Family Life and Human Development

Authority: Education Article, §§2-205(h) and 7-401, Annotated Code of Maryland

.01 Family Life and Human Development Programs.

It is the responsibility of the local school systems to provide a comprehensive program of Family Life and Human Development as a part of a total health program. This program shall adhere to the standards and procedures adopted by the State Board of Education. The programs shall be initiated following community involvement and only after teachers are carefully selected according to established criteria and educationally prepared for the assignment.

.02 Standards and Procedures for Family Life and Human Development Programs.

The following standards and procedures for Family Life and Human Development programs are to be established in accordance with Regulation .01, above:

A. Goals and Objectives.

(1) The programs of Family Life and Human Development shall serve two important goals:

(a) To build an understanding of the rational and ethical basis of moral values generally accepted in our society; and

(b) To develop the foundation for making responsible choices of behavior that will reflect respect for the individual and for others in the family and community.

(2) The objectives of these programs are to enable maturing youth to:

(a) Understand family relationships and accept family responsibilities;

(b) Appreciate the unique bonds of love and loyalty that bind the family;

(c) Cope with stress and trouble that the family may encounter;

(3) Focus Area Two: Physiological and Personality Changes.

(a) The content shall be concerned with the physiological and personality changes related to maturation and human reproduction. The material shall be presented as an identifiable unit within the total program. This unit shall be introduced as shortly in advance of puberty as is practical. The specific timing shall be a matter of local option, but direct teaching of human reproduction may not begin earlier than age 10 or later than age 12.

(b) Each local school system shall develop a prescribed procedure for consultation and discussion with community groups relative to the program of human reproduction. If a separation of the sexes is made, the same information shall be presented to both groups.

(c) Pupils may be excused from this unit of the program upon a written request from their parents or legal guardians. For those pupils excused from the unit, each local school shall provide other worthwhile learning activities, such as independent study on a topic in a health area or another area of the students' interests or needs. Each local school shall make arrangements to permit those girls not participating in the total program in Focus Area Two to receive instruction concerning menstruation.

(d) The following areas of emphasis shall be included in each program of the local school system: physical maturation, emotional maturation, human reproduction, the birth process, infant care, growth and development during early childhood, and the physiology of aging.

(4) Focus Area Three: Advanced Physiology and Psychology of Human Sexual Behavior.

(a) The content shall be concerned with the advanced physiology and psychology of human sexual behavior and related matters and may be offered as an elective course at the junior or senior high school level, or both. However, it shall differ in kind and degree according to the level of maturity of the students.

(b) The local school system shall study present courses in which this information is now included to determine which elements might more appropriately remain in these courses. Biology teachers, for example, might continue to teach the reproductive process.

(c) Other aspects of sexual behavior related to Focus Area Three shall be offered in an identifiable elective course. A student who chooses this course shall have the prior consent of his parents or legal

(d) Value the individuality of each family member and encourage growth and development of each separate personality;

(e) Cooperate with members of other families in the community;

(f) Recognize and understand the differences in family structures, customs, and values in society;

(g) Learn the parts of the reproductive system and attain an understanding of the system in order to properly care for and use the system wisely;

(h) Mature into manhood or womanhood with minimum anxiety and confusion over the proper sexual role;

(i) Understand and value the distinct characteristics of the masculine and feminine points of view;

(j) Develop a background to prepare for a deep and meaningful relationship in a permanent and satisfying marriage.

B. Content.

(1) The content of the Family Life and Human Development programs shall be organized around three areas of focus: interpersonal relationships, physiological and personality changes, and advanced physiology and psychology of human sexual behavior. Each area shall be handled in distinctly different manners, and the program shall be related to and coordinated with health, science, social studies, and other appropriate areas in the curriculum.

(2) Focus Area One: Interpersonal Relationships.

(a) The content shall be concerned with family life and interpersonal relationships both within and outside the family. The content shall be a part of the regular curriculum for all students in grades kindergarten through 12, to be taught in mixed groups and included within the framework of existing subject areas. The content shall differ in kind and design according to the maturity of the students. Discussions shall encourage respect for personal relationships within the pupil's family, and may not invade the privacy of the family.

(b) The following areas shall be emphasized in each program of the local school system: self-respect, mutual respect, consideration of the needs of others, affection and love, variety of family structures and roles of family members, male and female roles in American society, and moral and ethical implications of behavior.

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guardian. The elective course may be taught separately to boys and girls, but should include the same information for both groups. It should be offered several times each school year to make it available to as many students as possible. Erotic techniques of human intercourse may not be discussed. All instruction shall be objective and carefully supervised.

(d) The following areas of emphasis shall be included in each program of the local system: maturation, the reproductive process, sex deviations, contraception, premarital intercourse, marriage and family responsibilities, family planning, and venereal diseases.

(e) Adult Education. A course concerning Family Life and Human Development shall be offered if funds are available by local school systems as part of an adult education program. This course would provide parents with an opportunity to strengthen their own backgrounds of information in the subject matter taught in their children's school. The course would also increase parents' competencies to answer their children's questions more effectively and to understand their children's behavior. The adult course would serve as a means through which parents could inform themselves on the most effective means to convey sound emotional attitudes about human sexuality to their children.

C. Selection of Curricular Material.

(1) Each local school system shall establish procedures for evaluating and selecting printed and audiovisual materials to be used in all phases of Family Life and Human Development programs.

(2) The local system shall appoint a joint committee of educators and representatives of the community which shall examine all printed and audiovisual materials proposed to be used in the schools. Its recommendation shall be submitted to the Superintendent of Schools and the local board of education for final action. The local system shall use its existing procedures for evaluating reading level, factual content, and general suitability of material for different levels of instruction.

(3) The printed and audiovisual materials shall meet the established criteria which follow. Material may not be used at the elementary school level which portrays the male and female sex organs in juxtaposition, and material may not be used at any level which discusses or portrays erotic techniques of sexual intercourse. Each school shall provide special opportunities for parents to view all instructional materials to be used in the program before the materials are used in the classroom. Materials used shall be consistent with the

goals and objectives of the Family Life and Human Development program. The materials shall be chosen with regard to reading ability and level of understanding of students who are to use the materials. Each local school system shall publish at regular intervals a list of its approved printed and audiovisual materials.

(4) Each local school system shall submit to the Division of Instruction of the State Department of Education, the policies and procedures and criteria for selection and evaluation of printed and audiovisual materials and the approved published list of these materials.

D. Community Involvement.

(1) System-Wide Citizens' Advisory Committee.

(a) The Family Life and Human Development curriculum shall be developed by the most skilled professional educators within each local school system. A citizens' advisory committee broadly representing the views of the community shall consult with these educators in developing, implementing, and evaluating the program. Membership may represent such groups as parents, students, legislators, members of community organizations, clergymen, physicians, and members of professional and civic organizations.

(b) Each local school system shall form a committee immediately. This committee may also work with educators on the long-range task of evaluating and improving the programs. Special attention shall be given to the development of an adequate means of gathering data from students and parents involved in the program.

(2) Local School-Community Planning Groups.

(a) After the system-wide curriculum is established, local school administrators and local PTA's or similar groups shall develop a community planning group. After studying the system-wide program, this group shall propose a plan for its implementation in the local school.

(b) The school-community planning group shall provide a means for the community to study the State regulations, all approved instructional materials, State standards and procedures, local policy statements and guidelines, curriculum guides or course outlines, sample test materials if they exist, and the books, pamphlets, charts, models, tapes, records, films, and filmstrips approved for use as assigned or supplementary teaching materials with their division and grade level designation.

ment of adequate and appropriate preservice courses for students as part of their undergraduate programs.

F. Review.

(1) Programs of Family Life and Human Development require continuous review to determine their effectiveness and appropriateness. Each local school system shall establish procedures for annually reviewing content, material selection, community involvement, and teacher selection and training. These reviews shall be submitted to the Division of Instruction of the State Department of Education on a form provided by the Department.

(2) An annual summary of these reviews shall be prepared by the State Department of Education to be submitted to the State Board of Education for its information.

G. Effective Date. These standards and procedures shall be put into effect at the earliest practicable time but not later than July 1, 1970.

Administrative History

Effective date: July 1, 1970

(c) The group shall present the proposed program to the local school community to determine the community's readiness to participate in the program. The school-community planning group shall later develop periodic progress reports on what is being taught to be distributed to parents of children participating in the program. This group shall also participate in developing a means for evaluating the program of Family Life and Human Development.

E. Teacher Selection, Assignment, and Training.

(1) Each local school system shall develop guidelines and procedures for the selection of teachers who fulfill their established qualifications. Since the teacher is a vital factor in the program, qualifications such as the following should be considered: character and temperament suited to conducting the program, 2 years of successful teaching experience, appropriate specialized training, good rapport with students, and respect and trust of parents.

(2) The assignment of teachers shall be the responsibility of the local superintendent of schools who shall consider the recommendations of the school principal and the supervisors working in the school. Teachers should have a freedom of choice in teaching Family Life and Human Development courses. A teacher should not be assigned to teach in either of the specialized areas (Focus Areas Two and Three) if he feels inadequate or uncomfortable with the subject matter.

(3) In Focus Area One, the teacher's present area of certification and specialization shall be adequate for teaching the identified concepts. In Focus Area Two, and Focus Area Three, in addition to general teacher preparation, teachers teaching an identifiable unit in either the elementary school or electives in the secondary school shall be required to have had additional preparation in content and teaching methods of such depth and duration as to be appropriate for the course to be taught. The additional preparation may be provided by college courses, local inservice programs, State workshops, and continual staff assistance.

(4) Each local school system shall establish such planned and continuous programs as shall be required to train adequately its personnel (teachers, administrators, and supervisors) in order to update knowledge, instructional materials, and methodology. The State Department of Education shall develop programs to train adequately the teachers of teachers. The programs may be established as State-sponsored seminars or may be encouraged as appropriate courses at the college level. The State Department of Education shall also encourage the develop-

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STANDARDS FOR MARYLAND PUBLIC SCHOOL HEALTH SERVICES

REVISED AND ADOPTED 11/27/89

Student Health Services

A. In accordance with Education Article 7-401, Annotated Code of Maryland, the Department of Education and the Department of Health and Mental Hygiene jointly shall develop public standards and guidelines for school health programs; and offer assistance to the county boards and county health departments in their implementation.

B. Definitions (as applied to this document)

1. "Communicable Disease Control" is the prevention, investigation, limitations, and eradication of diseases caused by infectious agents and usually spread from person to person.
2. "Follow-up" is the process of ascertaining if the recommended services have been obtained and evaluating the outcomes to determine if additional referrals are necessary.
3. "Health Appraisal" is the process by which a designated school health services professional identifies health problems which may interfere with learning.
4. "Health Counseling" is a service which provides opportunities for students and parents/guardians to explore options, make decisions, and receive support for understanding and adjusting to or coping with their health problems.
5. "Designated School Health Services Professional" is a physician, nurse practitioner, or registered nurse with experience and/or special training in working with children and families in community or school health programs.
6. "Physical Education" is that component of the total school educational program which seeks, basically through the medium of physical activities, to improve each individual's physical fitness, motor skills, knowledge, an appreciation of physical activities, and social competencies.
7. "Referral" is the process of helping a student or family obtain additional and/or comprehensive services and information.
8. "Screening" is a procedure to identify students who are at risk of having a health problem.
9. "Special Health Needs" are those temporary or long-term health problems arising from physical, emotional, or social factors or any combination of these. The student

with special health needs may or may not be enrolled in a special education program.

10. "Staff Development" is the process of both the formal and informal acquisition by staff of further knowledge, skills, and attitudes needed to perform assigned functions.

C. Health Services for all Students

1. A physical examination by a physician or nurse practitioner shall be required of each child entering the Maryland Public School System for the first time. The examination must be completed within the period of nine months prior to entrance or six months after entrance.

2. Health Appraisal, Referral, and Follow-up
A health appraisal shall be conducted by the designated school health services professional and shall include a review of student's health history, health screening reports, physical examination form as designated by Department of Health and Mental Hygiene and the Maryland State Department of Education, dental examination records, and other health reports. During the health appraisal the designated school health services professional shall document whether the student has a primary care provider. The health appraisal may include health observations, interviews, and conferences with parents/guardians, students, educators, and other health professionals.

   a. The health appraisal shall take place no later than six months after the date of entry to a school system and thereafter as indicated.
   b. The health appraisal of students with identified health problems shall be repeated as frequently as deemed necessary by the designated school health services professional.
   c. Screening of students shall be carried out according to mandated or recommended screening programs established by Maryland State Department of Education and the Department of Health and Mental Hygiene.
   d. When a health problem has been identified through the health appraisal process the designated school health services professional shall ensure that students or parents/guardians or both are notified and assisted in selecting recommended services.
   e. For students without a usual source of care the designated school health services professional will assist the student/family to identify a primary care provider.
   f. The designated school health services professional shall be responsible for follow-up.
   g. The designated school health services professional shall ensure that appropriate school personnel are informed of students who have health problems that

may impede learning and/or which require special care.

3. Health Counseling
   a. The designated school health services professional shall ensure that health counseling will be offered after the identification of a health need.
   b. If any additional counseling services are required, the designated school health services professional shall ensure that students and families will be offered assistance in selecting and contacting the additional counseling services.

4. Communicable Diseases
   a. Each school shall comply with Maryland State Department of Health and Mental Hygiene's immunization requirements in accordance with regulation 10.02.20/
   b. The principal or his/her designee shall notify the local health department of all suspected or diagnosed cases of reportable communicable disease as cited in the Confidential Morbidity Report of the Maryland State Department of Health and Mental Hygiene. The local health department shall assist the local education agency in implementing a plan for preventing spread of the reported disease.
   c. The local health department and the local education agency, following state guidelines, shall jointly develop written policies an procedures for dealing locally with outbreaks of non-reportable communicable disease, such as scabies, pediculosis, athlete's foot, etc.

5. Physical Education Program
   a. The designated school health services professional shall be available for consultation in planning, implementing, and evaluating those aspects of the physical education program which specifically relate to the health and safety of the participants.
   b. Before participating in interscholastic sports, students will have a physical examination complying with COMAR 13A.06.03.03 (H). The results of the physical examination will be kept in the school health record.
   c. All Physical education teachers shall:
      (1) hold a current certificate in the First Aid Program of th American National Red Cross or its equivalent, and
      (2) hold a current certificate in Adult and/or Pediatric, where appropriate, Cardio-Pulmonary Resuscitation (CPR).
   d. All coaches will comply with COMAR 13A.06.03.04(B3).

D. Health Services for all Students with Special Health Needs

1. Each local education agency in conjunction with the local health department shall formulate written policies ensuring the provision of school health services to students with special needs.
2. Each student with special health needs which may require particular attention during the school day shall have a statement of those health needs and a plan for emergency and routine care prepared by the designated school health services professional.
3. A designated school health services professional shall serve on all levels of the Pupil Services Team and the Admissions, Review, and Dismissal Committees and participate when appropriate of the health services component of the Individualized Education Plan (IEP) and/or the Individualized Family Service Plan (IFSP) and/or the Transitional Plan.
4. Each local education agency, in conjunction with the local health department, shall formulate written policies regarding storage and administration of medication during school hours and during school-sponsored activities.

E. Emergency Services

1. Personnel Qualifications
   a. At least one adult in each school other than the designated school health services professional shall be current certified both in the First Aid Program of the American National Red Cross or its equivalent and in Adult and/or Pediatric Cardio-Pulmonary Resuscitation (CPR). One person thus certified shall be available on-site during the regular school day. (sponsored events as appropriate.)
2. Emergency Care Procedures
   a. A guide for emergency care management, the scope of which is not less than that in First Aid Procedures for Maryland Schools shall be distributed by the local health department and the local education agency to each school, and copies shall be placed in multiple locations.
   b. An emergency information card shall be maintained for each student and shall be updated at least annually.
   c. Emergency evacuation plans shall be developed in consultation with the fire department and shall include provisions for physically handicapped and students with other special health needs.

F Health Facilities

1. Health Suite

   a. Each school shall provide adequate handicap accessible space which minimally includes: waiting, examination and treatment, storage, and resting. There shall be a separate room for private consultation and for use as a nurse's office. Toilets, running water, and a telephone shall be in the health suite. A locked file cabinet shall be available for storing health records and a secured cabinet shall be available for medications. Adequate ventilation of health room is required.

   b. A designated school health services professional shall be involved at the local level in the planning of health areas in new schools and in the modernization of old schools.Renovation of old schools. A designated school shall be available as necessary for consultation. Written guidelines for health suites shall be available.

2. Screening Facilities

   a. A room which meets the guidelines established in the Manual for Hearing Screening Technicians in Health and Education shall be available.

   b. Space and lighting requirements for the specific vision test used shall be made available.

G. Staff Development

1. Orientation to the school health program including specific health programs required by federal, state, and local law shall be provided for all school personnel by the designated school health services professional.

2. The local education agency in cooperation with the local health department shall make training in the care and prevention of athletic injuries logistically available to all physical education teachers and coaches.

3. Training in first aid and CPR shall be made logistically available for school personnel on an ongoing basis by obtaining assistance from agencies/organizations capable of providing certification in these areas.

4. Inservice programs for designated school health services professionals including specific health programs required by federal, state, and local law shall be the responsibility of the local health department and the local education agency.

5. The designated school health services professional shall make school personnel aware of the students in the school who have special health needs that may require intervention during the school day.

6. The designated school health services professional, in collaboration with the principal, shall identify school personnel who shall receive inservice training on providing the recommended services for students with special health needs.

H. Dissemination of School Health Services Information

1. At the beginning of each school year, every school shall inform parents/guardians and students regarding the school health services program. This information shall include but not be limited to staffing, emergency care, medications and communicable disease, and be specific to that school's health services program. This information shall be updated as necessary.

I. Implementation and Coordination

1. Each local school superintendent and the local health officer shall jointly require the development of a local school health council based on the Guidelines for Local School Health Councils developed by the Maryland State School Health Council.
2. The representative of the local education agency and the representative of the local health department shall be jointly responsible for the implementation of Standards for Health Services for Students in Maryland Public Schools.
3. When medical direction is necessary, the designated school health services professional shall work collaboratively with the local health officer or his/her designee.
4. The designated school health services professional, other than the physician, shall receive nursing direction from a registered nurse employed by either the local health department or the local education agency.
5. Health Services provided in schools shall be coordinated with other health services within the community.
6. Each local superintendent and the local health officer shall jointly submit to the Maryland State Department of Education and the Department of Health and Mental Hygiene an implementation plan of the school health services program that meets the school health standards and includes: fiscal impact statements, designated roles and responsibilities of local health departments and local education agencies. The plan will be updated and submitted annually.
7. Personnel designated by the State Superintendent of Schools and the Secretary of Health and Mental

Hygiene shall review and recommend final approval of the implementation plan of the health program.

J. Monitoring and Evaluation

The Maryland State Department of Education and the Department of Health and Mental Hygiene shall jointly develop in collaboration with the local education agencies and the local health departments a monitoring and evaluation component for school health programs which includes on-site reviews.

Article 77

Section 7-402. Immunizations

(a) Rules and regulations. - (1) In cooperation with the State Board and the Medical and Chirurgical faculty of Maryland, the Department of Health and Mental Hygiene shall adopt rules and regulations regarding the immunizations required of children entering schools.

(2) These rules and regulations shall:

(i) Be adopted in compliance with the Administrative Procedure Act; and

(ii) Provide that any child may have the immunization administered by his personal physician.

(3) Any requirement for the administration of pertussis vaccine shall be consistent with Section 18-332 (b) of the Health-General Article

(b) Exception. - (1) Unless the Secretary of Health and Mental Hygiene declares an emergency or an epidemic of disease, a child whose parent or guardian objects to immunization on the ground that it conflicts with the parent's or guardian's bona fide religious beliefs and practices may not be required to present a physician's certification of immunization in order to be admitted to school.

(2) The Secretary of Health and Mental Hygiene shall adopt rules and regulations for religious exemptions under this subsection. (An. Code 1957, art. 77 Section 84; 1978, ch. 22 Section 2; 1983, ch. 188; 1984, chs. 578,785;1985,ch.253; 1987,ch. 54.)

Effect of amendment. - The 1987 amendment, effective July 1, 1987, reenacted subsection (b) without change.

Editor's note. - Section, ch. 188 Acts 1983, as amended by ch. 253, Acts 1985, and ch. 54, Acts 1987, provides that "this act shall take effect July 1, 1983".

Dominant purpose of section to provide for immunization program. - The language of this section clearly indicates that the legislature's dominant purpose was to provide for an immunization program rather than to protect those having religious beliefs against immunization. Davis V. State, 294 Md. 370, 451 A 2d 107 (1982).

Article 77

Section 7-403. Hearing and vision screening tests.

(a) County boards or health departments to provide screenings. - (1) Each county board or county health department shall provide hearing and vision screenings for all students in the public schools.

(2) Each county health department shall provide and fund hearing and vision screenings for all students:

(i) In any private school that has received a certificate of approval under Section 2-206 of this article; and

(ii) In any nonpublic educational facility in this State approved as a special education facility by the Department.

(b) When administered. - (1) Unless evidence is presented that a student has been tested within the past year, the screenings required under subsection (a) of this section shall be given in the year that student enters a school system, enters the fourth, fifth, or sixth grade, and enters the ninth grade.

(1) Further screening shall be done in accordance with the bylaws adopted by the State Board.

(c) Records. - The results of the hearing and vision screenings required by this section shall be:

(1) Made a part of the permanent record file of each student; and

(2) Given to the parents of any student who fails the screenings.

(d) Adoption of standards, rules, and regulations. - In cooperation with the Department of Health and Mental Hygiene, the Department of Education shall adopt standards, rules, and regulations to carry out the provisions of this section.

(e) Students excepted. - A student whose parent or guardian objects in writing to hearing and vision screening on the ground that it conflicts with the tenets and practice of a recognized church or religious denomination of which he is an adherent or member may not be required to take these screenings. (An. Code 1957, art. 77 Section 85B; 1978, ch. 22, Section 2; 1982, ch. 378.)

Article 77

Section 7-403.1 Scoliosis.

(a) "Scoliosis" defined. - In this section, "scoliosis" means a lateral curvature of the spine, which can develop into a permanent crippling disability if left untreated.

(b) Screening tests. - Each public school system in conjunction with the county health department shall provide scoliosis screening tests for all students in that public school at least once in grades 6 through 8.

(c) Report and information to parent. - If a student is suspected of having scoliosis, the parent or guardian of the student shall receive:

(1) A copy of the screening report; and

(2) Information about:

(i) The condition of idiopathic scoliosis;

(ii) The significance of treating scoliosis at an early stage; and

(iii) Services available for treatment after diagnosis.

(d) Objection to screening. - A student whose parent or guardian objects in writing to the screening may not be required to be screened.

(e) Immunity from civil liability. - A person who performs any screening required by this section is not liable for any civil damages resulting from acts or omissions in the screening not amounting to gross negligence. (1982, ch. 670.)

APPENDIX L

Section 7-407. Physical education program.

Each public school shall have a program of physical education that is given in a planned and sequential manner to all students, kindergarten through grade 12, to develop their good health and physical fitness and improve their motor coordination and physical skills. (An. Code 1957, art. 77 Section 87; 1978, ch. 22, Section 2.)

Article 77

7-408. Safety education Program.

Each public school shall have a program of safety education that is organized and administered under the bylaws, rules, and regulations of the State Board. (An. Code 1957, art. 77, Section 88; 1978, ch. 22, Section 2.)

PROFILE OF SCHOOL ENVIRONMENTAL HEALTH FACTORS

Environmental Health Factors	Planning/Design Construction			Maintenance/ Operations			Investigations Inspections			Corrective Action			Training			Reporting Recordkeeping		
	N	G	S/R	N	G	S/R	N	G	S/R	N	G	S/R	N	G	S/R	N	G	S/R
Emergency/ Disaster Management	X			X			X			X				X		X		
Fire Safety			X			X			X			X						X
Instructional/ Equipment/ Materals Art		X			X		X			X				X			X	
Science		X			X		X			X				X			X	
Industrial Arts		X			X		X			X				X			X	
Physical Education		X			X			X			X			X			X	
Vocational Education		X			X			X			X			X			X	
Stagecraft		X			X		X			X				X			X	
Internal Air Quality Particulars Asbestos			X			X			X			X			X			X
Allergens (Fungi, Mold, Insects, Parts, Feces)		X			X			X			X			X			X	
Tobacco Smoke			X		X			X			X			X			X	
Pathogens (Bacteria/Virus)			X		X			X			X			X			X	
Vapors/Gas Carbon Monoxide			X		X			X			X			X			X	
Radon		X			X			X			X			X			X	
Formaldehyde			X		X			X			X			X			X	
VOCs		X			X			X			X			X			X	

*Source: Developed by members of the Subcommittee on Environment in consultation with state experts in environment.

N: No Guideance/Regulation
G: Guidelines
S/R: Standards and/or Regulations (Federal, State, local — local jurisdictions may vary.)

PROFILE OF SCHOOL ENVIRONMENTAL HEALTH FACTORS

Environmental Health Factors	Planning/Design Construction			Maintenance/ Operations			Investigations Inspections			Corrective Action			Training			Reporting Recordkeeping		
	N	G	S/R	N	G	S/R	N	G	S/R	N	G	S/R	N	G	S/R	N	G	S/R
Lead Exposure (excluding water)			X			X		X				X		X				X
Lighting		X			X			X			X		X			X		
Noise			X	X				X				X	X				X	
Pest Management		X				X		X			X				X		X	
Playgrounds		X			X			X			X		X			X		
Polychorinated Biphenyls (BCPs)		X			X			X			X	X					X	
Right to Know	X			X					X			X			X			X
Security	X			X			X			X			X			X		
Underground Storage Tanks			X			X			X			X	X					X
Vehicular/ Pedestrian Safety		X			X				X			X			X			X
Waste Management	X					X			X			X	X					X
Water Quality (including lead)			X			X			X			X			X			X

N: No Guideance/Regulation
G: Guidelines
S/R: Standards and/or Regulations (Federal, State, local — local jurisdictions may vary.)

OPERATION/FISCAL PROFILE

ONE MARYLAND SCHOOL SYSTEM'S RESPONSE TO ENVIRONMENTAL ISSUES, 1989–90
(Student Population – 13,000)
(Number of Schools – 26)

Environmental Elements	Brief Description of Response Strategies	FY 89 Costs Purchased/ Contracted	FY 89 Costs Staff	Estimated Costs Next 5 Years (Combined)
Lead	Following SDWA guidelines Test All Schools, Flush each year; replace water coolers as needed (Still in process of replacing water coolers. Approximately 15 have been disconnected and replaced).	$1,530.00	$10,000.00	$60,000.00
Water Testing	Test for coliforms/ bacteria, etc. on a quarterly basis; monthly if "high reading" is obtained. Use alternative source for water if need be.	$4,000.00	$11,000.00	$60,000.00
Radon/Radiation	Using EPA guidelines and Briggs Associates Labs. In house personnel placed containers at all schools using directions provided with containers. First results were inclusive in 90 of 128 areas tested. These 90 had to be retested at additional costs.	$3,500.00	$4,000.00	$6,000.00
Infectious/ Communicable Diseases	Extensive AIDS inservice training conducted by Safety Officer and American Red Cross to all Department Heads. Upon receipt of American Red Cross certification – Dept. Heads trained individuals in their departments. Special supplies and equipment to be used as precautionary measures were issued to all schools.	$5,000.00	$12,000.00	$10,000.00
Pesticide/ Vector Control	Updating procedures in FY 89 due to resignation of only licensed individual on staff plus new "weed control" guidelines increase costs for FY 89. NOTE: did not include higher costs for pesticides which are considered less dangerous. Still in process of licensing 2 new employees.	$4,500.00	$5,600.00	$50,000.00

*Source: Eastern Shore Consortium

Environmental Elements	Brief Description of Response Strategies	FY 89 Costs Purchased/ Contracted	FY 89 Costs Staff	Estimated Costs Next 5 Years (Combined)
Playground Safety	All equipment inspected on a daily basis by Head Custodian. Grounds crew was divided so that one crew was assigned only to elementary school buildings. Entire grounds crew attended playground safety seminar given by Playtime, Inc. Safer seats were purchased for swings, etc.	$4,500.00	$5,600.00	$50,000.00
Bleacher Safety	Initial inspection was done by both in–house personnel and outside consultant. While this procedure was not new, we found that lack of training for in–house personnel showed problems which we were not aware of. (If parts were missing our personnel was not aware of it. We could repair broken and misaligned equipment, but if the part was missing, we did not know one was needed!)	$4,200.00	$12,000.00	$115,000.00
Other Areas	Following Handbook issued to all counties by Mr. Al Abend of the Maryland State Department of Education discussing such items as lead in paint, follow–up on HVAC concerns, etc. We have put an ESTIMATED figure in the five year plan. It should be stressed that this is an estimate ONLY.	$0.00	$500.00	$25,000.00
Indoor Air Quality and Monitoring	Indoor Air Quality involves a day–to–day visual check of all HVAC equipment, follow–up on employee concerns, etc. Outside contractors are used when we feel in–house personnel do not have the expertise or more often do not have the time required to investigate concerns which need to be addressed immediately. We feel our in–house personnel plus our energy management companies MUST stress the Preventive Maintenance side of IAQ issues; which we have found to be the source of concerns.	$3,700.00	$10,000.00	$75,000.00

Environmental Elements	Brief Description of Response Strategies	FY 89 Costs Purchased/ Contracted	FY 89 Costs Staff	Estimated Costs Next 5 Years (Combined)
AHERA (asbestos)	Following the AHERA guidelines, we have conducted extensive training, medical testing, purchased various pieces of AHERA equipment and supplies. We have worked many hours with Briggs, Associates to assure we are following our O & M Plans and to ensure the safety of our employees and students.	$1,097,310.00	$106,500.00	$5,000,000.00
Well Water Monitoring	Previously tested by Health Department. Now tested by Health Department and CCPS for presence of Coliform Bacteria. We use outside contractor for testing procedures.	$3,200.00	$7,000.00	$35,000.00
PCB Transformers	Use of Technical Consultants from both General Electric and Westinghouse. We are currently in the process of obtaining additional funds from local fiscal authorities. All transformers have been tested. It was found that we have nine transformers and six locations which need to be addressed. We are REPLACING all nine.	$126,600.00	$35,500.00	$125,000.00
Underground Tanks (LUST)	We have 52 tanks which we feel need to be addressed if all tanks are included in Maryland. We have four motor fuel tanks and forty–eight fuel–oil tanks. We are still in the process of getting questions answered and plan to attend an upcoming seminar at BWI. We replaced one tank this year at a cost of $39,900.00.	$45,000.00	$6,500.00	$500,000.00
Hazardous Chemicals	We have computerized our MSDS file. Quarterly, all files are updated and re–issued to various departments as well as local fire departments. This is the responsibility of the Safety Officer who is assigned only 15% of his time to safety concerns!	$4,800.00	$20,000.00	$100,000.00

Environmental Elements	Brief Description of Response Strategies	FY 89 Costs Purchased/ Contracted	FY 89 Costs Staff	Estimated Costs Next 5 Years (Combined)
Waste Management	We have only one school which requires waste management monitoring. We use the services of an outside contractor and the Head Custodian of the building monitors treatment pump on a daily basis, notifying the Plant Facilities Department if a problem exits. ALL problems are fixed IMMEDIATELY!	$3,000.00	$2,600.00	$28,000.00
TOTALS:		$1,310,740.00	$248,800.00	$6,239,000.00

Title 13A
STATE BOARD OF EDUCATION

Subtitle 06 SUPPORTING PROGRAMS

Chapter 03 Interscholastic Athletics in the State

Authority: Education Article, §§2-205 and 2-303(j), Annotated Code of Maryland

.01 Authorization.

A. The following regulations have been established by the State Superintendent of Schools to govern the athletic program for all high school students in Maryland public secondary schools which are members of the Maryland Public Secondary Schools Athletic Association (MPSSAA).

B. Local school systems may adopt rules governing their athletic programs that are more restrictive than those of the MPSSAA. Less restrictive rules may not be adopted.

.02 Eligibility.

Student eligibility for participation in interscholastic athletics at the high school level shall be based on the following criteria:

A. Students shall be officially registered and attending a member MPSSAA school. They may represent only the school in which they are registered and at which it is anticipated they will compete their graduation requirements.

B. Each local school system shall establish standards of participation which assure that students involved in interscholastic athletics are making satisfactory progress toward graduation.

C. Students who are 19 years old or older as of August 31st are ineligible to participate in interscholastic athletics.

D. Students may participate in interscholastic athletic contests for a maximum of three seasons in any one sport in grades 10, 11, and 12. Students who participate on an interscholastic team in grade 9 will have a maximum athletic eligibility of four seasons in any one sport.

E. Middle, intermediate, or junior high school students are not eligible to compete or practice with high school teams.

F. Students shall maintain amateur status as defined by Regulation .10 of this chapter.

G. Students, while participating on a school team, are permitted to participate in the same sport outside of school during the sport's season. This participation shall meet the following criteria:

(1) The outside participation may not conflict with the practice or contests schedule of the school including district, regional, and State championship play;

(2) Students who elect to participate on an outside team and do not participate on the school team throughout the designated sport's season are ineligible to represent the school in all contests that determine a county, district, regional, or State championship during that sport season.

H. Students shall present to their high school principal a certificate from their parents or guardian (indicating the parents' or guardians') giving permission for participation.

I. A student shall be examined and certified to the high school principal as being physically fit to participate in any try-out, practice, or contest of a school team. The examination shall be performed by a qualified physician.

J. Students legally transferred to another school may participate. "Legally transferred" means a change of residence or a transfer from one school to another by action approved by the local superintendent of schools.

K. Graduates.

(1) Graduates of high schools are not eligible to practice with or participate on interscholastic sports teams. However, they may participate in the remaining athletic contests of that semester.

(2) Students are considered graduates when they have completed the work required for graduation and are declared graduates by the local board of education.

.03 Sports Season.

MPSSAA member schools shall conduct all interscholastic athletic contests and practice sessions in accordance with the following:

A. The sports seasons shall be defined as follows:

(1) "Fall" means August 15th until the final date of the county, conference, district, regional, or State tournament.

(2) "Winter" means November 15th until the final date of the local, conference, district, regional, or State tournament.

(3) "Spring" means March 1st until the final date of the local, conference, district, regional, or State tournament.

(4) When August 15th, November 15th, or March 1st falls on Sunday, practice will start the preceding Saturday.

B. Maximum Number of Contests Permitted During a Sports Season.

(1) One additional contest beyond the maximum allowable number may be played to determine a conference/league championship. The results of that contest may not count towards MPSSAA standings.

(2) All school athletic schedules shall be established before the first contest of each sport's season according to the following instructions:

(a) Badminton—15 matches with not more than two matches per week. Three matches in one week may be scheduled once during the season.

(b) Baseball—18 games with not more than three games per week. One additional game may be played during the regular season against an alumni or faculty team or two additional games may be played in one holiday tournament. Teams entering a holiday tournament and playing an 18-game schedule shall forgo the permitted alumni or faculty game. A team may elect to play three games as part of a holiday tournament and play 17 regular season games. The total number of games may not exceed 20. Four games are permitted in 1 week if games are part of a holiday tournament. Holiday tournaments shall be played on non-school days for all MPSSAA member schools involved in a tournament. Holiday tournament results may not count towards MPSSAA standings.

(c) Basketball—20 games with not more than two games per week. Three games in one week may be scheduled once during the season. One additional game may be played during the regular season against an alumni or faculty team or two additional games may be played in one holiday tournament. Teams entering a holiday tournament and playing a 20-game schedule shall forgo the permitted alumni or faculty game. A team may elect to play three games as part of a holiday tournament and play 19 regular season games. The total number of games may not exceed 22. Holiday tournaments shall be played on non-school days for all MPSSAA member schools involved in a

tournament. Holiday tournament results may not count towards MPSSAA team standings.

(d) Cross Country—10 meets with not more than two meets per week. Meets may not be held on consecutive days.

(e) Field Hockey—12 games with not more than two games per week. Three games in one week may be scheduled once during the season.

(f) Football—10 games with not more than one game per week.

(g) Golf—12 matches with not more than three matches per week.

(h) Gymnastics—Eight meets with not more than two meets per week. Meets may not be held on consecutive days.

(i) Indoor Track—Ten meets with not more than two meets per week. Meets may not be held on consecutive days.

(j) Lacrosse—12 games with not more than two games per week. Three games in one week may be scheduled once during the season. Two additional games may be played in a holiday tournament. Holiday tournaments shall be played on non-school days for all MPSSAA member schools involved in a tournament. Holiday tournament results may not count towards MPSSAA standings.

(k) Outdoor Track—10 meets with not more than two meets per week. Meets may not be held on consecutive days.

(l) Soccer—12 games with not more than two games per week. Three games in one week may be scheduled once during the season.

(m) Softball—18 games with not more than three games per week. One additional game may be played during the regular season against an alumni or faculty team or two additional games may be played in one holiday tournament. Teams entering a holiday tournament and playing an 18-game schedule shall forgo the permitted alumni or faculty game. A team may elect to play three games as part of a holiday tournament and play 17 regular season games. The total number of games may not exceed 20. Four games are permitted in 1 week if games are part of a holiday tournament. Holiday tournaments shall be played on non-school days for all MPSSAA member schools involved in a tournament. Holiday tournament results may not count towards MPSSAA team standings.

(n) Swimming—12 meets with not more than two meets per week. Meets may not be held on consecutive days.

(o) Tennis—18 matches with not more than three matches per week.

(p) Volleyball—15 matches with not more than two matches per week. Three matches in one week may be scheduled once during the season. Teams may elect to play tri-matches provided the total number of opponents does not exceed 15 during the season, or teams may play 14 matches plus one multi-team tournament.

(q) Wrestling—14 meets including a maximum of 3 tournaments and 3 tri-matches. The total number of the matches and tournaments cannot exceed 14. A county tournament required to qualify for the State tournament will not be counted as one of the three allowed tournaments. There may not be more than two meets per week. Wrestling tournaments and meets are defined by Regulation .04E(3)—(5).

.04 Operational Guidelines.

The regulations given below are established for all MPSSAA interscholastic sports:

A. Equal Opportunity for Participation. Students may not be excluded on the basis of sex from overall equal opportunity to participate in athletic programs. If a school sponsors a team in a particular sport for members of one sex but sponsors no such team for members of the opposite sex, and before July 1, 1975, overall opportunities for members of the excluded sex have been limited, the excluded sex shall be allowed to try out for the team.

B. MPSSAA Coaching Eligibility.

(1) Member MPSSAA schools shall permit coaching only by teachers or by certificated professional educator employees of the local Board of Education for a specific coaching assignment.

(2) If no acceptable and qualified coaches are available from the teachers or certifiable professional educator teachers employed by the local Board of Education, temporary emergency coaches may be employed if the following procedures are followed:

(a) With no acceptable professional staff members available to fill the coaching vacancy, the local school system shall attempt to locate as a coach a person certifiable as a professional educator by the State Department of Education according to COMAR 13A.07.01;

(b) With no acceptable and certifiable professional educator available, a person acceptable to the local school system may be employed as an emergency coach;

(c) Any person employed as a coach under the emergency provision shall comply with the following:

(i) The person shall be officially appointed by the local Board of Education on a one-season basis for a specific coaching assignment,

(ii) The coaching salary of the appointed emergency coach shall be paid exclusively by the local school system;

(d) In sports having more than one coach, emergency coaches may not comprise more than 50 percent of that sport staff;

(e) The emergency coach shall be at least 21 years old and possess a high school diploma.

(3) All coaches shall have completed or be enrolled in a one-credit course in the prevention and care of athletic injuries.

C. Required Practice. A member MPSSAA school may not participate in a regularly scheduled game until at least 20 calendar days have elapsed after and including the first day of practice. Golf is the only exception to this regulation.

D. Limits of Participation.

(1) Each local school system and state tournament committee shall establish guidelines that ensure a minimum loss of instructional time for coaches and students involved in interscholastic athletic contests.

(2) Students who participate in both varsity and junior varsity teams may not play in a number of contests that exceed the maximum number allowed in a sport in a week or season. Students may not compete on both a varsity and junior varsity team on the same day.

(3) School athletic teams may not participate in any games representing their school in pre-season play or in post-season play.

(4) MPSSAA member schools may not play or practice on Sundays.

(5) Individual students may participate in one all-star game per sport, upon the completion of their eligibility in the sport in which this participation occurs.

(6) MPSSAA member schools shall practice with or play against only high school teams.

(7) Individual students or teams representing a MPSSAA member school shall participate only in games, meets, or tournaments which are conducted by appropriate educational institutions.

(8) MPSSAA member schools may not enter competition preliminary to a college or professional game.

(9) A varsity or junior varsity team member of the previous season may not participate in interscholastic competition and in intramurals or school sponsored athletic programms in the same sport outside the sport season.

E. Policies Pertaining to Wrestling.

(1) Students shall have their minimum weight class in which they can wrestle certified by a qualified physician before the students students' first match.

(2) Students may not wrestle more than one weight class above that class for which their actual stripped weight qualifies them at the time of the weigh-in. They may not wrestle below the minimum weight class established for them at the time of certification.

(3) Weight classes shall be those specified by the high school section of the current National Federation of Wrestling Rule Book.

(4) A wrestling meet is a contest involving two or three schools for which individual champions are not recognized and individual awards are not given.

(5) A wrestling tournament is defined as a contest among three or more schools that leads to the determination of individual champions in each weight class.

(6) A student may wrestle not more than six times in 2 days and not more than four bouts per tournament day.

F. Postponed Games. One postponed contest may be rescheduled in addition to the maximum number permitted per week in Regulation .03.

G. Out-of-Season Practice.

(1) MPSSAA member schools and coaches of member schools shall confine practice for all students or teams to the seasonal limitations as defined in Regulation .03.

(2) A coach may not coach a team representing the coach's school beyond the sports season as defined in Regulation .03.

H. Sports Officials. Schools involved in interscholastic contests shall use only those officials certified by Maryland Public Secondary Schools Athletic Association. Only qualified officials shall be used in all sports where MPSSAA certified officials are not available.

I. Summer Camps.

(1) Students may attend a summer sports camp of their choice.

(2) MPSSAA member schools, member school coaches, school-related organizations, or individuals may not sponsor or conduct a camp in which students who are returning players are involved or participate. A camp composed of several coaches with their respective teams is a violation of this regulation.

(3) Coaches of MPSSAA member schools, while affiliated with a camp, may not conduct any form of team or group practice involving their school. Such a practice is considered a violation of the out-of-season practice rule defined in Regulation .03A(1), (2), and (3).

(4) A MPSSAA member school may not provide school uniforms or equipment for students who attend a camp outside of the defined sports season in Regulation .03.

.05 Violations, Penalties, and Appeals.

A. Failure to comply with these regulations shall constitute a violation which will result in the following penalties against the MPSSAA member school and either the student or the coach, or both. Depending upon the severity of the violation, more than one penalty may be imposed against the MPSSAA member school, student, or coach, or all of the above. Penalties shall be imposed in the order listed below:

(1) Against a MPSSAA member school:

(a) First—Declare forfeit of all games in which the violation occurred.

(b) Second—Declare the MPSSAA member school ineligible for championship honors for the current school year in the sport in which the violation occurred.

(c) Third—Declare the MPSSAA member school on probation for one school year which shall render the school ineligible to compete in any approved State meet or tournament for that year.

(d) Fourth—Impose additional penalties as may seem justified in the particular case considered.

(2) Against a student:

(a) First—Declare the student to be ineligible for the next 60 school days following the date the student was found to be in violation. These 60 school days will carry over into the next school year if the violation occurs during the second semester.

(b) Second—Declare the student to be ineligible to compete in the sport in which the violation occurred during the subsequent season.

(c) Third—Impose additional penalties as may seem justified in the particular case considered.

(3) Against a coach:

(a) First—Censure.

(b) Second—Declare the coach ineligible to coach a team for the current school year in the sport in which the violation occurred.

(c) Third—Declare the coach ineligible to coach a team in any sport for the current year.

(d) Fourth—Impose additional penalties as may seem justified in the particular case considered.

B. Procedure.

(1) First—Any MPSSAA member school, student, or coach shall notify the local supervisor of interscholastic athletics and the MPSSAA Executive Secretary of the alleged violation.

(2) Second—The superintendent or the superintendent's designee of the local school system in which the school allegedly in violation is located shall convene a hearing within 5 school days.

(3) Third—If the superintendent or the superintendent's designee of the local school system in which the school allegedly in violation is located concludes that a violation has occurred, a penalty shall be imposed in accordance with this regulation.

(4) Fourth—A report of the hearing and decision in the local school system shall be forwarded to the Executive Secretary of the MPSSAA.

(5) Fifth—The MPSSAA Executive Secretary, in consultation with the appropriate committees, or the Executive Council of the MPSSAA, shall review the report of the local hearing and decision in the local school system. The MPSSAA Executive Secretary shall either accept the penalty imposed or modify the penalty in accordance with this regulation.

C. Appeals.

(1) A MPSSAA member school, student, or coach may appeal the imposed penalty within 30 days and request a hearing before the Appeals Committee of MPSSAA.

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(2) The membership of the MPSSAA Appeals Committee shall include one representative from each district in the Association and a representative from the Association of Secondary School Principals. Five members will constitute a quorum.

(3) The MPSSAA Executive Secretary shall notify the Appeals Committee of the hearing and establish a date, time, and hearing site. The appealing school, student, or coach, or all of the above, shall be notified of the date, site, and time of the hearing.

(4) The MPSSAA Executive Secretary or the Executive Secretary's designee shall present the case to the Appeals Committee in behalf of the MPSSAA.

(5) The principal of the involved school, the student, or coach, or all of the above, shall present grounds for appeal. If appropriate, the local school system's supervisor of interscholastic athletics involved in the appeal may present the case.

(6) The MPSSAA Appeals Committee shall convene in closed session and recommend to deny or uphold the appeal or modify the penalty. A majority vote is required to deny or uphold an appeal or modify the penalty.

(7) The MPSSAA Appeals Committee shall report its findings to the concerned parties.

(8) Any party aggrieved by the MPSSAA Appeals Committee decision may appeal the decision to the State Superintendent of Schools within 30 days after receipt of the Appeals Committee decision. The State Superintendent of Schools, upon examination of the facts, may in his or her discretion, allow the appeal and appoint a special committee of three local superintendents of schools to hear the appeal. The committee of superintendents may deny or uphold the appeal or modify the penalty.

(9) Unless otherwise ordered by the State Superintendent of Schools, the application for appeal to the State Superintendent of Schools may not stay the enforcement of the MPSSAA Appeals Committee decision, or excuse the person affected thereby from complying with its terms.

(10) The decision of the committee of local superintendents of schools is final.

(11) A member of the MPSSAA Appeals Committee or the committee of local superintendents of schools may not hear an appeal if

that member has offered advice, made a recommendation, rendered a decision, or in any other way participated in the case being appealed.

.06 Classification.

A. For the purpose of parity in competition in meets and tournaments sponsored by the MPSSAA, member schools shall be divided as equally as possible into four classifications based on enrollment. If, in this calculation, two or more schools with equal enrollments fall between two classifications, they shall be placed in the lower classification.

B. The local superintendent of schools shall submit to the MPSSAA Executive Secretary by November 1, a report on the actual school enrollment of students in Grades 10, 11, and 12 in each of the MPSSAA member schools as of September 30, in each even-numbered year. The MPSSAA Executive Secretary and the Classification Committee of the MPSSAA shall present a recommendation for classification of member schools to the MPSSAA Board of Control for adoption. Classification shall be determined every 2 years based on the September 30 enrollment of the previous year.

C. When the MPSSAA Board of Control adopts classifications for member schools, the classifications shall remain in effect for the next 2 school years.

D. A new MPSSAA member school that opens or a member school whose enrollment is significantly changed by growth or consolidation during the two-year period shall be placed in the proper classification by the Classification Committee. "Significantly changed" means a decrease or an increase in enrollment of more than 25 percent. This new placement shall affect only the involved school and may not affect the classification of other member schools.

E. When a MPSSAA member school does not have a twelfth grade included in the enrollment figures upon which the classification is based in the even-numbered year, but will have a twelfth grade in the following odd-numbered year when classification becomes effective, the enrollment figure shall include the:

(1) Tenth grade;

(2) Eleventh grade; and

(3) Average number of the tenth and eleventh grades.

.07 State Tournament Policies.

A. The Maryland Public Secondary Schools Athletic Association games or tournament committees representing all of the districts shall administer and supervise tournaments in the various sports at the district, regional, and State level.

B. All participating schools shall abide by the rules established by each MPSSAA tournament committee.

C. Although certain aspects of a tournament may vary from year to year, the following basic policies shall be observed by all tournament committees:

(1) The tournament may not interfere with local board of education policy.

(2) A MPSSAA member school or local school system may decide whether or not to participate in the tournament.

(3) A MPSSAA member school shall compete in its classification when the tournament is so structured.

(4) Certified and approved officials' organizations shall be assigned games in a fair, equitable, and non-discriminatory manner.

(5) All awards and recognition shall conform to Regulation .08, below.

(6) MPSSAA tournament committees shall make every effort to establish game sites to avoid extensive travel for participating teams.

(7) All policy and procedure changes for State tournaments shall be subject to the approval of the MPSSAA Executive Council with the Association Tournament Committee serving in an advisory capacity. Emergency decisions on tournament policies and procedures may be made by the MPSSAA Executive Secretary.

(8) When a student is found ineligible during the progress of a tournament, the contest last played shall be forfeited, and the team which was defeated shall take its place.

(9) "All-star teams" or best "individual athlete" awards may not be selected from approved tournaments.

(10) Sports at the State tournament level shall be governed by approved game rules.

(11) If a team or any students participating in State Tournament contest play leaves the field before completion of a contest, or fails to continue play when eligible to do so, or is guilty of misconduct detri-

mental to the tournament, then the team, coach, or students may be suspended from further participation in the current tournament, and from the same tournament in the succeeding year, upon the determination of the tournament committee and the Executive Secretary.

(12) The rules of the MPSSAA do not provide authority to order games replayed. Protests arising from decisions and interpretations by officials during the game will not be considered. Officials' decisions and interpretations are final.

D. Expansion of any sport to the State level shall be recommended by the State Board of Control of the MPSSAA and approved by the State Superintendent of Schools after consultation with local superintendents of schools.

.08 Awards and Recognition.

A. Awards may be made as follows:

(1) A school, school related, or non-profit group may purchase and present to a student for athletic achievement a school insignia, medal, pin, or similar article;

(2) Awards from outside the school may be given to individual athletes or school teams provided the awards are approved by the local superintendent, meet MPSSAA guidelines, and the presentation is made at a school approved function.

B. Recognition of student athletes and teams, other than through awards, shall be limited to appreciation banquets approved by the local superintendent.

.09 Sanction Rules.

A. Students or teams representing a MPSSAA member school shall participate only in contests conducted by educationally related organizations.

B. A school or local school system that wishes to serve as host for an intercounty or interstate contest shall file the appropriate sanction request form with the MPSSAA Executive Secretary, a minimum of 45 days before the contest. When the event is an interstate contest, invitations may not be extended to out-of-State schools to participate until official sanction approval has been received from the National Federation of State High School Associations.

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C. Schools participating in interstate contests shall use the National Federation contract form furnished by the MPSSAA Executive Secretary.

D. In all interstate contests, each participating school shall follow the rules of the host state athletic authority.

E. A school which is a member of a federation member state high school association may not compete in any of the following contests unless the contest has been sanctioned by each of the interested state authorities through the National Federation of State High School Associations:

(1) Any interstate meet in which four or more schools participate;

(2) Any competition involving schools from three or more state athletic associations;

(3) Any interstate two-school contest which involves a round trip exceeding 600 miles;

(4) Any interstate two-school contest (regardless of distance to be traveled) which is sponsored by an individual or an organization other than a MPSSAA member high school.

F. A MPSSAA member school may not compete in any contest in any other state if either school's participation violates the regulations or established policies of either state's high school interscholastic athletic authority.

G. A member MPSSAA school may not compete in any of the following contests unless the contest is approved by the MPSSAA Executive Secretary:

(1) Any intercounty contest involving more than three teams and sponsored by a non-member educational institution;

(2) Any intercounty contest involving more than four schools;

(3) Any intercounty contest involving more than four counties. The host school shall file the appropriate sanction request form with the MPSSAA Executive Secretary at least 45 days before the event.

H. MPSSAA Sanction Guidelines. The following criteria shall be met for sanction approval by the MPSSAA:

(1) The competition may not determine a regional or national championship;

(2) The competition is not preliminary to a college or professional game;

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State of Maryland

DEC 2 6 1989

DEPARTMENT OF THE ENVIRONMENT
2500 Broening Highway, Baltimore, Maryland 21224
Area Code 301 • 631- 3774

William Donald Schaefer
Governor

Martin W. Walsh, Jr.
Secretary

December 19, 1989

Ms. Marilyn R. Goldwater, RN
Director
Office of Federal Relations
Department of Health and Mental Hygiene
201 West Preston Street
Baltimore, Maryland 21201

RE: State School Health Task Force
Environmental Subcommittee

Dear Ms. Goldwater:

Dr. Henry Wasserman of my staff, and a member of the School Environmental Subcommittee, recently provided me with a copy of the final draft report of that committee.

In the report, the committee recommended that MDE devote a position to be the main point of contact on school environmental issues.

I have asked Mr. Daniel La Hart, Program Administrator, Industrial Operations Program, to act as the MDE contact person for all environmental health issues relating to schools. Mr. La Hart is experienced in this area and is chairperson of the environmental subcommittee currently developing an environmental health manual for schools.

We will defer the issue of whether it is appropriate to request a full time position to devote to this in the future. I am confident that the assignment of a point of contact will improve our ability to support the school systems and State School Health Task Force.

If you desire additional information or have any questions regarding the above, please contact me at the above number or call Mr. La Hart at (301) 631-3834.

Sincerely,

Katherine P. Farrell, M.D., MPH
Assistant Secretary
Toxics, Environmental Science
and Health